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VS A15 (4) 1SM 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 11 institutions Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **ELERAL** and give nearest terms d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? LIVER JUNE YES NO NAME OF First Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 9. AGE (in years last bullday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE Months Days Hours Min. WIDOWED BO DIVORCED [ KNOW 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TOUSEWIFF. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address AME 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: ARCINOMA IMMEDIATE CAUSE (o) DUE TO WIDESPREAD METASTASES Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING () OR CONTRIBUTING () CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 201. (City or town) (County) (State) foctory, street, effice bldg., etc.) Hour a.m. While Not while p. m. of work of wark 21. I certify that I attended the deceased from 19.54 that I last saw the deceased 9:05 PM, from the causes and an the date stated above. alive an and that death accurred at ADDRESS (Street, city or lown, stote) DATE SIGNED ACTUAL PHYSICIAN'S ANNAPOLIS NAME (Type) 220. BURIAL, CREMATION. DATE THEREOF 22c. NAME OF CEMETERY OF GREMATORY (Stole) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SHENATURE 240. REC'D BY REGISTRAR 24b. REGISTA AR'S SIGNATURE

And the second second

1. PLACE OF DEATH o. COUNTY NAME OF DECEASED 5 SEX Mala Farm olive on ACTUAL

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Anne Arundel Marvl and Carolina b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) 1 y 9m 8d Crownsville 05 Kd. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.F.D. #2 Crownsville State Hospital YES NO T Middle Lost 4. DATE Month Year Baynard Shed rick 1058 22 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Doys 1881 Hours DIVORCED [ WIDOWED DO Negro YES. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shed Baymard Anne 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Uremia and Hypostatic Pneumonia DUE TO Cerebrovascular Accident - Thrombosis Conditions, if ony, which 161 gove rise to immediate **DUE TO** couse (o), stoting the under-Generalized and Cerebral Arteriosclerosis lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Senility YES NO THE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year (County) (State) foctory, street, office bldg., etc.) While Not while of work of work 19.58 that I last sow the deceased 21. I certify that leftended the deceased from and that death occurred at 9:50P. M. from the causes and on the date stated above ADDRESS (Street, city or fown, stote) DATE SIGNED Crownsville State Hospital . Md . PHYSICIAN'S Lionel McHenry Mapp, Crownsville State Hospital, Md. BURIAL, CREMATION, 229 DAY! THEREOF 22c. NAME OF COMPTERY OR CHEMATORY FONERAL DIRECTOR'S SCHATURE 24 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATU 2 8 '58

TO HOSPITAL OL VS A15 (4) 15M 10/57

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death

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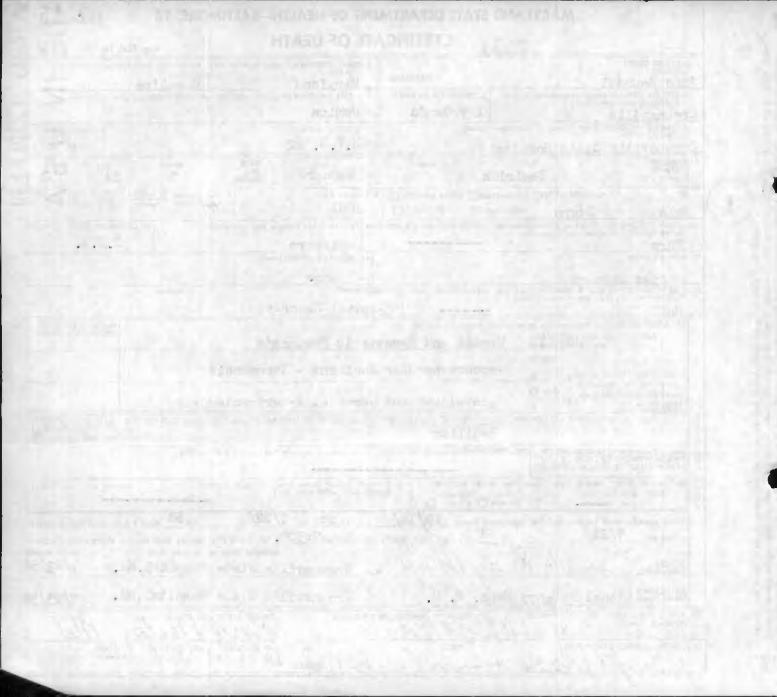
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the set 'pending' in pencil in Hem, 18. Give Pages 1, 2, and 3 to funeral director. Page 4 should be farwarded to the Chi. Medical Examiner's Office along with form PM3. Page 5 may be telained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any peremitation? I have after death.

YS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7519 Reg. Dist. No.

	PLACE OF DEATH				2. USUAL RESIDENCE (V	/hara daram	ad lived If institu	tion. Dariel	ance bal	ara adm	in in a
1	e. COUNTY	Laboured as		MARYLAND	O. STATE	ALIGIE DECEDS	ed IIVed, IT INSIIIU	Y	auca nei	ore som	issignj
-	b. CITY OR TOWN (IF:	ie Arundel  outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	Mary Land	autside carp	porote limits, write	RURAL on-	d give n	egrest to	wn)
	Annapoli	s		2 years	X Same						
			f nat in hosp	pital, give street address)	d. STREET ADDRESS				And the process of the		ESIDENCE
		garets Rd.	Example of the second		ame						A FARM?
3.	NAME OF DECEASED	Fire	i .	Middle	Lost	4. DATE OF	Month	h	Day	Y	fear
_	(Type or print)	Virgil Je	sse B	elair(alias Bl	air)	DEATH	July 10	-	-	-	9
5.	SEX	6. COLOR OR RACE		DE NEVER MARRIED B	DATE OF BIRTH		9. AGE (In years lost birthday)	Months	-	Hours	ER 24 HPS.
	M	W	WIDOWED		2/2/1900		58 yrs.	MONNY	Days	riours	Min.
10	during most of working Laborer	N (Give kind of work d ) life, even if retired)		ind of Business or Indust lesale Groce	ry II. BIRTHPLACE (SIGN)			12. CIT	USA	F WHAT	COUNTRY
13	. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME					
	Daniel Be	lair			Lena Es	tep					
	. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17. IN	FORMANT		Address				
	no	-	_ 2,	5-05-2383 M	rs. Thelma B	iensac	h (siste	r)Wes	tmir	nster	r, Md.
	PART I. DEATE	H (Enter only one county was CAUSED BY: MMEDIATE CAUSE (a)	C	or (e), (b), and (c).] oronary Occlus	ion				ONSE	VAL BETWEEN TAND DE	HZA
	Candilions, if on gove rise to immedi (o), stating the uncouse last.	ofe couse									
CERTIFICATION	PART II, OTHI			NTRIBUTING TO DEATH BUT N				EN IN PAR		PERFO YES	AUTOPSY DRMEDOTO NO TO
18	PRIMARY   or CON	TRIBUTING [									
MEDICAL	20c. TIME OF INJURY Hour e. m. p. m.	Manth, Day, Yea	7 20d, if While of wor	Not while facts	E OF INJURY (Home, form ry, street, office bldg., etc.)	20f. (City	or town)	(Co	uniy)		(Stote)
	opinion death r		Ras		_	domicide  AMINER   AL EXAMINER	Undete	rmined :	-		d in my
220	Burial CREMATION	7-14-5	g	2c. NAME OF CEMETERY OF Mr. Pleasar			Gamber		ryla	(State	n)
23.	FUNERAL DIRECTOR'S		Medi	ADDRESS tminster, Md	. 240. REC'E	PEGIST	ANS 8 246. Egis		NATUR	E .	
	AOITH I	PAGT B	HC2	hurring oct. Mo	DATE						

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VS. AISME BM 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7520 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea Dist No.

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Anne Arundel	L	MARY		O. STATE					ission}
f outside corporate limits, write	RURAL	c. LENGTH OF STAY I	IN 16			te limits, write			wn)
		DOA		Falle	Church	8	3 X -	3	V
	nat in hospi		1)	d. STREET ADDRESS			- /		ESIDENCE
rundel Gener	al Ho	spital		606 Wood	dlawn Av	е.,			NO R
James		Middle W e		BLYTH, II	4. DATE OF DEATH	- **			9 58
6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D.	ATE OF BIRTH					-
White	WIDOWED	DIVORCED [	□   Oc	tober 2, 1		5 yrs.	Months Di	ays Hours	Min.
ng life, even if retired)	ane 10b. Kit	OF BUSINESS OR I		11. BIRTHPLACE (State	ar fareign count	ry)	12. CITIZI	U.S.	COUNTRY?
			14						
BLYTH, Sr.				Carol Mar	jorie Le	ffler			
ER IN U. S. ARMED FOR	CES? 16. 50	CIAL SECURITY NO.	17. INFO			Address			
fit yes, give war or dates of a		None		Father					
			ning			N990		Instan	ATH
underlying DUE TO	DITIONS CON	ITRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	IINALDISEASE CO	ENDITION GIVI	EN IN PART	1(o) 19. WAS : PERFO	AUTOPSY DRMED?
								YES 🗌	NO DE
	Drowne	d while ba	thing	at Mayo B	each. Md		1Causi	4	(State)
19	While	Not while	foctory,	street, office bldg., etc	i.)	awn,	A C	ועי כ	(Signe)
hat Loop charge	a)		****		y ], Inspe	ection [X].	Inquiry	n. on	d in my
resulted from:	latural	uses . Accid	lent 🟋	. Suicide .		manufe.	, ,	anner 🔲	
MIL	hea	111	A	CHIEF MEDICAL E	XAMINER 🗍			DATE S	IGNED
	1 14	9		ASSISTANT MEDIC		}		July 8	, 195
			EV OF CR				- A N		
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S SIGNIATION		ADORESS			1	-	-		
48	Arling	lson Blvd.	•						
	footisde corporate limits, write is a control of the corporate limits of the corporate lim	AL OR INSTITUTION (If not in hosping and the content of the conten	Tourist corporate limits, write RURAL  C. LENGTH OF STAY  DOA  AL OR INSTITUTION (If not in hospital, give street address  rundel General Hospital  First Middle  James W.  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED  White WIDOWED   DIVORCED    ON (Give kind of work done 10b. KIND OF BUSINESS OR in glife, even if retired)  BLYTH, Sr.  FER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or doles of service)  None  ATH [Enter only one cause per line for (a), (b), and (c).]  TH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowned, drown did not cause (b)  Iny, which did not couse (c) Drowned, drown while of work of wor	Anne Arundel  ## DOA  Al OR INSTITUTION (If not in hospital, give street oddress)  ## Print	Anne Arundel  ### Arundel  ### Arundel  ### Co. STATE  ### Virg  ### Co. LENGTH OF STAY IN 1b  ### Co. CITY OR TOWN (i)  ### DOA  ### Falls  AL OR INSTITUTION (If not in hospital, give streat address)  ### Arundel General Hospital  ### Arunder General Hospital  ### Arundel General Hospital  #### Arundel General Hospital  ### Arundel G	Amne Arundel    Amount	ATING Arundel  MARYLAND  To livide corporate limits, write RUALA  At OR INSTITUTION (If not in hospital, give street address)  At OR INSTITUTION (If not in hospital, give street address)  First	Anne Arundel  **MARYLAND**  **Louise corporate limits, write BURAL  **Louise Church  **Louise Church  **Month  **James**  **Month  **James**  **Month  **July  **Month  **Month  **July  **Month  **July  **Month  **July  **Month  **July  **Month  **Month  **July  **Month  **Month  **July  **Month  **Month  **Month  **July  **Month  **Month  **July  **Month  **Mont	The Enter only one course per line for (o), (b), and (c).  THE MUS. A ARRED FORCES? (If you have not done of service).  THE CHAPT AND DE TO MARTHUTION (If not in hospital, give street oddsess)  AL OR INSTITUTION (If not in hospital, give street oddsess)  FIRST  James  FIRST  Middle  W.  BLYTH, II  OF BLYTH, III  OF BLYTH, I

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7521 CERTIFICATE OF DEATH Rea. Dist. No. director Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence (Afore admission) o. STATE be filled b. COUNTY MARYLAND by the funeral of 2 should be fi hours after death. b. GITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUIAL and give nearest fown) NUADONIS d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION # d. STREET ADDRESS 2 4. DATE OF DEATH NAME OF First Middle Month DECEASED Pages [Type or print] within IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost birthday) attending pllysicion and campletely Months 3 DIVORCED papers. yrs. the death certificate be executed 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) death, carbon OFF please remove à permit. ATTENDING PHYSICIAN: The law raquires has been signed remayal, and ding physician burial-transit MEDICAL CERTIFICATION the registrar prior to burial, crematian, may be retained by the haspital or TO FUNERAL DIRECTOR: After this ce page 3 shauld be detached far use

IS RESIDENCE YES NO

Year

19 C

Hours

12. CITIZEN OF WHAT COUNTRY?

07517

Day

Days

HOME	HOUSEWITE	MARYLAND		4.5.
FATHER'S NAME	11	14. MOTHER'S MAIDEN NAME	+	
WILLIAM CHURCHI	6-	DARAH E	)AMES	
. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Address	
		ETHEL JOISS	EAU # 2	
18. CAUSE OF DEATH [Enter only one cause ]	per line for (o), (b), and (c).]	3		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CEREBRA	The THRom Bo	5/5	ONSET AND DEATH
332X DUE TO				
Conditions, if any, which ) (b)	FREBRAL	ARTERIOSCLE	05.5	10 YEARS
gove rise to immediate OUE TO				1
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?
				YES NO
200. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part 8 or Pa	ort II of item 18.)	
Hour o. m.	Od. INJURY OCCURRED 20 While Not while twork of work	e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	ty or town) {Co	ounty] (Stote)
21. I certify that I attended the dec	eased from 192 AS	195 £ to 13.	54, 1958, that I lo	ast saw the deceased
glive on 13 Juky	19 5 % and that de	1000	om the causes and on the	
- Da	1 0 A. la		Street, city of town, state)	DATE SIGNED
SIGNATURE SLEER YA	ADEN	M.D. Toselle	gale luce	17/4/0
PHYSICIAN'S NAME (Type)		anap	elioply	1/1/5
O. BURIAL, CREMATION, 226. DATE THEREOF	22c, NAME OF CEMETE	RY OR CREMATORY	ATION (City, tows, or county)	(State)
REMOVAL (Specify) 7-16-158	CEDAR E	shuff 1/11	DUA PALSE	Mo
FUNERAL DIRECTOR'S STONATURE	ADDRESS	A 24a. REC'D BY REGI	STRAR ZAB. REGISTRAR'S SIGN	ATURE
other M. taylort Son	1 ( Lunape	DATELL 1 7 '5'	8 allfean	A
)				

TO HOSPITAL OR VS A1S (4) 15M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

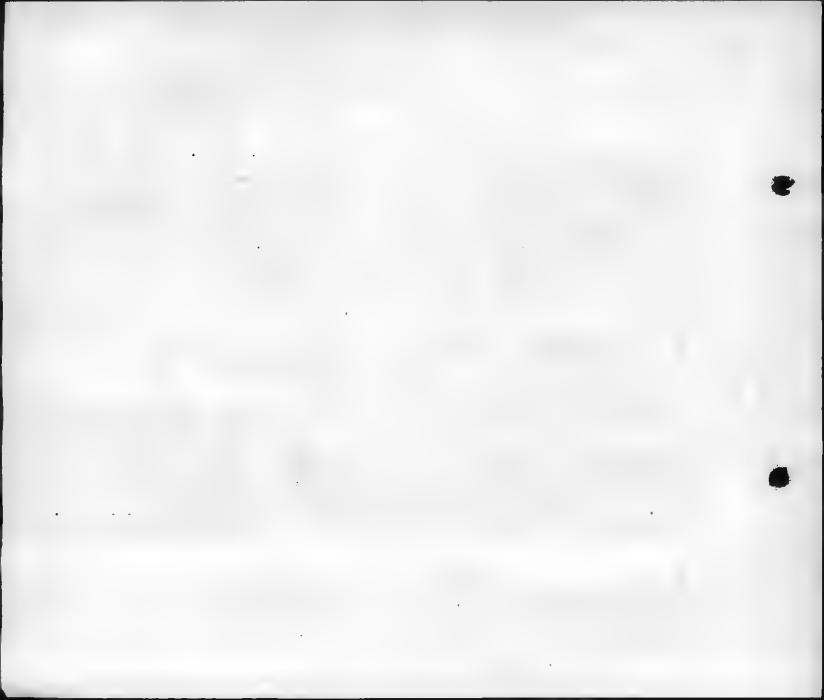
Reg.	Disf	No.	
	-		

07518

	75	52							Reg.	Dist_N	D.	
	PLACE OF DEATH COUNTY Anne Arundol			MARY	LAND	visual residence	Where deceo	sed lived If institu b. COUNT		dence be	fore odmi	ssion)
1	b. CITY OR TOWN (If putsed and give nearest lown)	e corporate limits wir	e RuffAl	c. LENGTH OF STAY	IN 15	c. CITY OR TOWN	If outside cor	porote imits, write	RURAL o	nd give i	nearest for	wn)
	Curtis Bay			Few hour		Bartimore			,	v-b		4
	NAME OF HOSPITAL O	R INSTITUTION (	If not in ho	spital, give street addres	1)	d. STREET ADDRESS	7-71	21			ON	A FARM?
-	urtic Creek	Fir	-	Middle		L 2 South	4. DATE		um umana			) NO [3]
	DECEASED					1.011	OF DEATH	Manti		Doy		nor
	TAGI	yn Rita		STON ED   NEVER MARRIED	- dála	DATE OF BIRTH	DEATH	July 29	195			9 ER 24 F RS
	3EA	COLOX OK KACL			^	1-1.7		fast buthday)	Months	go western w	Hours	Min
10	H,	W	WIDOWE		_   -	/5/46		I IZ yrs.				
100	usual occupation is during most of working life Attendin	, even if refired)		KIND OF BUSINESS ON	INDUSTI	Baltimo		conutry)	US		F WHAT	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN						_
	Robert Bost	on (d	eceas	ed)		Grace B	ruce					
15.	WAS DECEASED EVER IN	U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	17. IN	FORMANT		Address		merana a a		
11.0	C no. or unknown)	s, give wer ar dotes of	eervice)	None	1 1	rs. Ern Gr	ace Do	ston Cot	ther)			
-	18. CAUSE OF DEATH	Enter only one cou	se per line				- 110-21			INTE	PYAL BETWE	E13
	PART I. DEATH W			Accident	al D	rowning					UC DO	
	, avant	EDIATE CAUSE (6)										
	Conditions, if eny,											
	gave rise to immediate	couse										varanor c as
	(a), stating the under	rlying										
CERTIFICATION		GNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	1 EUT N	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PA		PERFO YES	AUTOPSY RMED? NO
TIE	200, EXTERNAL CAUSE V	VAS 20	b. DESCRIB	E HOW INJURY OCCUR	RED (En	ter noture of injury in Po	rt For Pert II	of item 18 }		-		
	CAUSE OF DEATH.		ent_s	wimming and	dro	wmed in 20	feet. o	f water.				
WEDICAL	20c. TIME OF INJURY	Month, Doy, Ye	or 20d	INJURY OCCURRED 20	e PLAC	E OF INJURY (Home, for	m, 120f, (Cit)	y or fown)	(C	ounty)		(Stole)
ME	Hour o.m. 3 / Ap. m 7/	29/58 19	While of we			is Creek		rtis Bay	۵	ħ	Ma	
	21. I certify that I	taak charge	of the						Inqu	iry [2	an	d in my
	opinion death resu	Ited from:	Natural :	causes 🗍, Accid	lent A	. Suicide .	Homicide	. Undete	rmined	mone	er 🗍	,
			211	7)	0					in air	اسا	
	ACTUAL SIGNATURE	cetaa	2 /8 1	Fareber	126	CHIEF MEDICAL	XAMINER [	1			DATE S	IGNED
	STORATORE		1-1			ASSISTANT MEDI	CAL EXAMINE	R 🗇				
	EXAMINER'S Gust	ave H. F	auber	t, M.D.		DEPUTY MEDICAL	EXAMINER [	x 7/2	29/58			
220	BURIAL CREMATION,	25. DATE THEREC	OF .	22c NAME OF CEMETE	RY OR	REMATORY	72d LOCA	TION (City, town,	or county)	- /	(Stote	1)
	NEWONAT (Specify)	8-1-58		Mout Oliv	ret	C metery		Itimor.	1	. 1/2		
23.	FUNERAL DIRECTOR'S SIC			ADDRESS			'D AV PECISI	PAR DAN PERT	TRAILS S	IGNATU	RE	
	/illiam Cool	k, Inc.,	1217	7 St. Piul S	Stre	et DATEJ	JL 3 1 15	00				

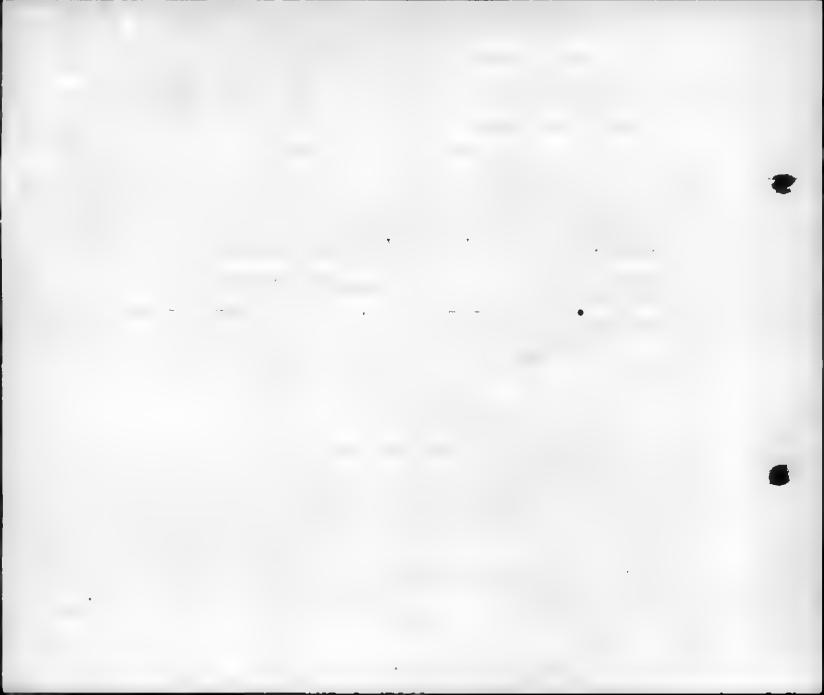
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 2% hours after death. If any delay is necessary, please execute the certificate, writing the red "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to finerial director. Page 4 should be forwarded to the Chine edical Examiner's Office along with form PM3. Page 5 may instained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, are removed, and is any event within 72 hours after death. VS A15ME BM 2157



VS A15 (4) 15M 10/S7 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7523
CERTIFICATE OF DEATH

Thomas R. Q an in 23	Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  Anne Arundel  MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)  STATE  Maryland  COUNTY  Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write c, LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL ond give neorest town)	// Annapolis
d. NAME OF HOSPITAL (If not in hospitol, give street oddress)	d. STREET ADDRESS e. 15 RESIDENCE
Anne Arundel General Hospital	73 Shipwright Street YES NO A
3 NAME OF DECEASED (Type or print) First Middle TAMES P BROCK	Lest 4. DATE Month Day Year DEATH JULY 7 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 1809 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost by hydroy) Months Days House Man
Mzle White WIDOWED DIVORCED	Jan. 10, 1879/ 50/57/ yrs Months Days Hours Min
100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDU during most of working life, even if retired 50 Sect. of State,	
Adm. Assit.   State of Marylar	nd Annapolis Maryland USA
Ernest N. Brock	Mary E. Brask Monahan
	INFORMANT Address
	rs. Dorothy G. Brock- Wife- Same as # 2
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate	nites Pleurisy & Interval DETWEEN ONSET AND DEATH July 1/4.
couse (o), stoting the under- (c) Perforation	in & Osofbagus
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO 1
206 ACCIDENT WAS UNDERLYING   206 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Port I or Part II of item 18 )
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED for Hour o. m. 19 While of work of work	ACE OF INJURY (Home, form, 20f (City or lown) (County) (Stole)
21. I certify that I attended the deceased from	n accurred at Salar M, from the causes and on the date stated above  ADDRESS (Street, city or town, tole)  DATE SIGNED
SIGNATURE ( LINE ) LILLER COMMON COMM	No 44 Southquettes, unapolis, by 7/5
PHYSICIAN'S NAME (Type) Albert Anderson	44 Southgate Ave. Annapolis, Md.
220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY O CHART BLUFF	(3,0,0)
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
Mopping Funeral Home Annapolis, Md.	DATE JUN 1 0 '58 COO A



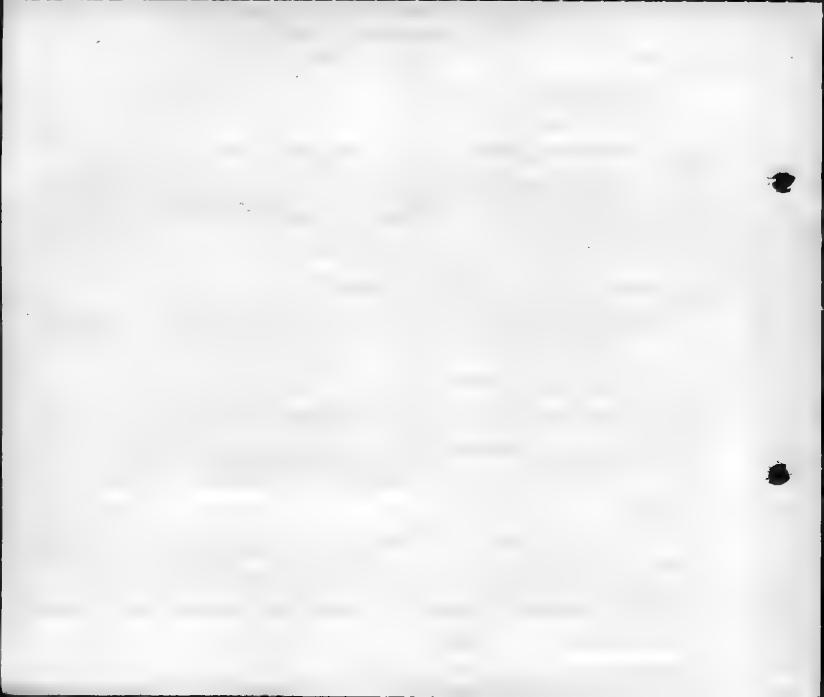
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ile ile	-
CRE EXEMPLER: This certificate should be executed within 21 hours after death. If the eloy is necessary, please sificate, writing the the transfer of the penalt in term. 18. Give Pages 1, 2, and 3 for the control director. Page warded to the Chi dedical Examiner's Office along with form PM3. Page 5 may triained for your files. ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, a agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	F
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This certificate should in the certificate should in edical Examines should be used as a burial, cremation, a	
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IL EXEMB cote, writin rided to th TOR: Poge agent, prid	
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EPUTY MEDICAL Could the certification of the certif	
the the day of the kall	
N Selection	
TO DEPUTY MEDICAL EXEMPLER: This certificate should be executed within 21 hours after death. If the eloy is necessary, please execute the certificate, writing the transfer of pending in pencil in them. 18. Give Pages 1, 2, and 3 to 1 threefold director. Page 4 should be forwarded to the Childred Examiner's Office along with form PM3. Page 5 may intrined for your files.  TO FUNERAL DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriot, cremation, or removal, and went within 72 hours after death.	
5 , 5	4

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7553 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

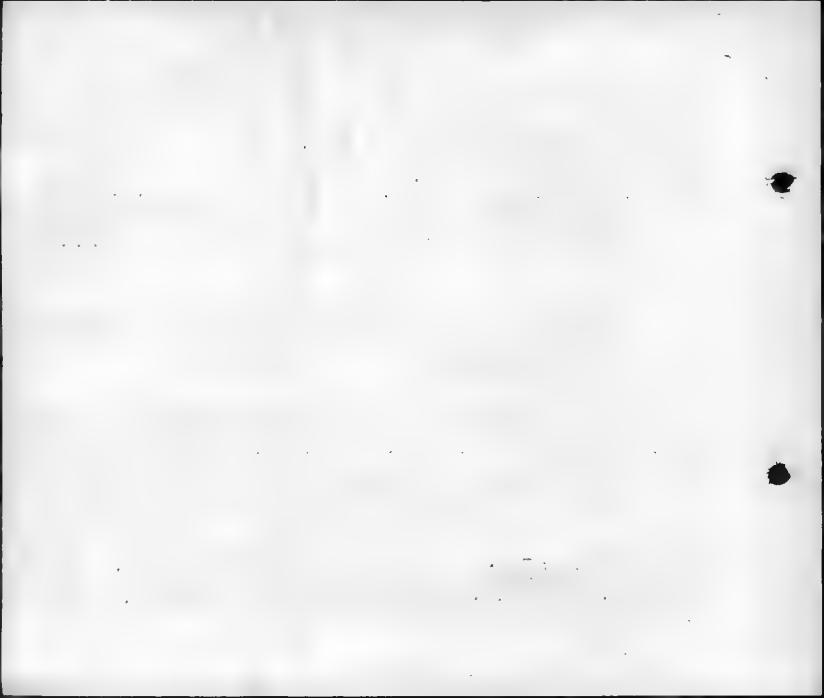
Dist	0	7	5	2	U
 Ph. 4	M.				

	4000 1	TENS TO LITTING	1-TT-3 68		Keg. Dist. No.
PLACE OF DEATH			2 USUAL RESIDENCE	Where deceased lived If ins	titution, Residence before admission)
. COUNTY	nne Arundel	MARYLAND	° STATMaryla	nd b. cou	MTY Anne Arundel
	(It outside corporate limits, write RURA	c. LENGTH OF STAY IN 16			rite RURAL and give nearest fown)
and give nearest h	own()		1	- ourside corporoto rimite, et	no control one give measure carry
Oden			× Severn		
d NAME OF HOS	PITAL OR INSTITUTION (If not	in hospital, give street address)	STREET ADDRESS		e IS RE C'NCE ON A FARM?
					YES NO Z
NAME OF	First	Middle	Lost	4. DATE Mc	onth Day Year
(Type or print)	WTT.T.TAM		BROOKS	OF DEATH Jul	v 2. 158
SEX		ARRIED T NEVER MARRIED T 8		9. AGE (In years	<u></u>
		TINICHANTIN	ar. 19, 1905	lost birthday)	Marchael Committee (American Inches)
Male	1122-00			74	
	ITION (Give kind of work done) king [ife, even if retired)	106, KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stote	a or foreign country)	12 CITIZEN OF WHAT COUN R
Plaster 1	vorker		mel.		Hesea.
3. FATHER'S NAME			14. MOTHER'S MAIDEN		
	unknown		unknov	n	
S. WAS DECEASED	EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Addr	MALE
Yes, Ab, at waknown]	[If yes, give ager or dates of service]			Odenton, Md.	-
٧		617-04-6016			magnetic territoria. Springer. Sc.
18. CAUSE OF D	EATH   Enler only one couse pe	r line for (o), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH
PART I D	EATH WAS CAUSED BY	Asphyxia due to	Manual Stran	miletion with	
7	IMMEDIATE CAUSE (o)	Fractures of both			
**	200Elo	rractures of both	i ililatora co	11108	
Conditions, if					
gove rise to imp (o), stoling the					
couse lost.	(c)				
Z PART JI, C		NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITION	GIVEN IN PART I(6) 19, WAS AUTOPSY
<u> </u>					PERFORMED?
PART II, C	TALLER MAR TOOL DE	CORRE COM MANNEY OCCURRED AS	41 -		AE2 1 NO
PRIMARY 25 or C	CONTRIBUTING []	SCRIBE HOW INJURY OCCURRED. (E		rt I or Port II of Item 18 )	
	Н.	Assaulted and St	rangled		
20c. TIME OF IN		20d. INJURY OCCURRED 20e. PLA	E OF INJURY (Home, for	m. 20f (City or town)	(County) (Stote)
Houracia			ory, street, office bldg , etc WOODS	Odenton	Anne Arundel Md.
11.30					2000
21. I certity	that I took chorge at	the remains described abo	ve, neid on Autop:	sy L. Inspection	, Inquiry, and in m
opinion deo	th resulted fram. Natu	rol causes [], Accident [	], Suicide [],	Homicide K , Unde	etermined monner
	11/m/ 1	. /			
ACTUAL SIGNATURE	KIKMI	h	M D CHIEF MEDICAL E	XAMINER TO	DATE SIGNED
NOWA TORE	/-		M D	CAL EXAMINER [	
BESARSON	Dancell C Fi	cham M D	DEPUTY MEDICAL		7/3/58
NAME (Type)	Russell S. Fi	¥		The state of the s	
770. BURIAL CREMA REMOVAL (Spec	TION 226. DATE THEREOF	22c NAME OF CEMETERY OR	CREMATORY	22d LOCATION [City_ low	n, or county) (State)
Burial		-1 -1 1 1 1 1 "	10All 1 C.C.	00	0 6 70
	July 6, 125	of Transtatup 1	nethrolest	Friendslup	anne aremele (Co
3. FUNERAL DIRECT	July 6, 195	& Tremostup /	nethrole of	Friendslup	anne aremelef Cocy
3. FUNERAL DIRECT	July 6, 195	7 1	11141	Triendelugs O BY REGISTRAR 26 RE	anne armelef Con





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH
D. COUNTY
Anne Amundel 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission Maryland HAY Timore City PARTITION CITY OR TOWN IIf outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) lown). RURAL and give neorest town) 1 w 10m 6d Crownsville Baltimore 3 VO1 1 d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION 2001 E. Biddle Street Crownsville State Hospital YES I NO DE NAME OF Middle 4. DATE Lost Yenr OF DEATH 1058 W. Henry Brown (Type or print) 5 SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED T B DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS birthday) Months Dovs Hours WIDOWED III Mala Negro DIVORCED [7] 19a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Maryl and U.S.A. Unknown gier 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15 WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Spanishous of serve Yes Hospital Records American 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Chronic Recurrent Bronchopneumonia IMMEDIATE CAUSE (6) DUE TO AHCVD & Conditions, if any, which Aortic Aneurysm gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Decubital ulcers and Chronic Brain Syndrome Associated with AHCVD YES TO NO FE 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20c TIME OF INJURY Day. Year 204 INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg., etc.) 0. 69 Not while at work of work 21. I certify that I attended the deceased from that I last saw the deceased and that death accurred at 8:30P alive on 7/ M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Crownsville State Hospital Md. HOSPITAL PHYSICIAN'S Benedict. M. D. FUNE Crownsville State HospitalMd. NAME (Type) m 220 BURIA CREMATION, 22b. DATE THEREO 22c NAME OF CEMETERY OR CREMATOR REMOVAL (Specify) 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

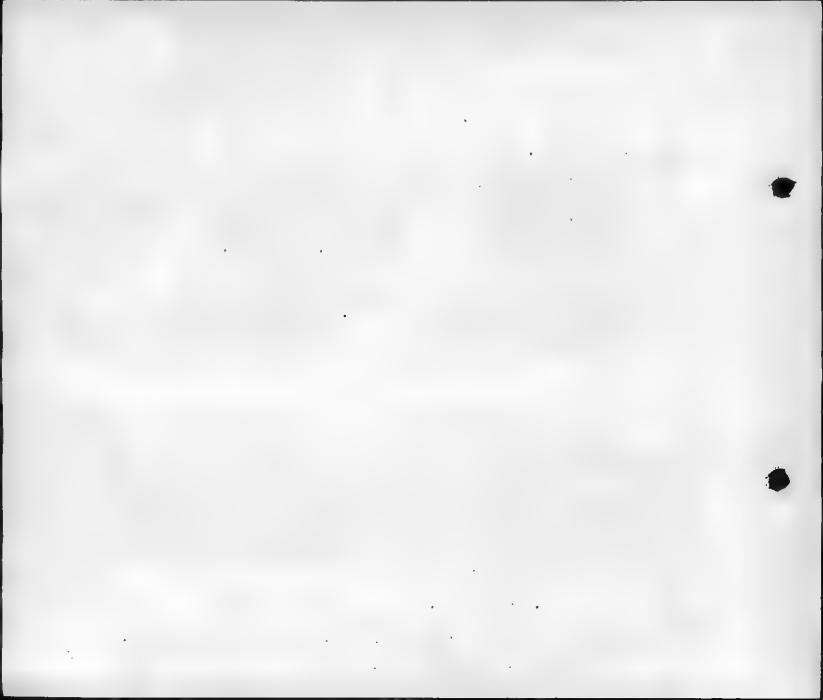


7523 CERTIFICATE OF DEATH Reg. Dist. NJ 7523 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where decepted lived. If institution; Residence before admission) a. COUNTY o. STATE dire **b.** COUNTY MARYLAND M the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town) RU(AL and give nearest town) 0 d. NAME OF HOSPITAL If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES MO T First Middle DATE Month Day Year DECEASED (Type or print) DEATH 10. Pog 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years by hday) Months Days plet WIDOWED DIVORCED popers. yrs 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pon 20 ŏ offer 13. FATHER'S NAME 14. MOTHER'S MAIDENLANAME Sal move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY dys IMMEDIATE CAUSE (o) **DUE TO** permit. Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underpup lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) UF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day. 20d. INJURY OCCURRED Year (County) (Stote) Hour a. n. factory, street, office bldg., etc.) While Not while at work | at work p. m. 21. I certify that I attended the deceased from 1941, that I last saw the deceased alive on and that death occurred of M, from the causes and an the date stated above. DIRECTOR: DDRESS Street, city or por DATE SIGNED ACTUAL shauld PHYSICIAN'S NAME (Type) FUNERAL 67 220. BURIAL CREMATION. 22b. DATE THEREOR 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) r(State) Page REMOVAL (Specify) O 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAN 246. REGISTRAR'S SIGNATURE

ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





7524 CERTIFICATE OF DEATH Reg. Dist. N. 7525 directar PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived If institution: Residence before admission) E. COUNTY filed **b. COUNTY** MARYLAND M D b QTTN OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (IT autside corporate limits, write RURAL and give neares) town) RURAL and give nearest town) plnods makolu d. NAME OF HOSPITOL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First Middle 4. DATE Manth Day Year DECEASED (Type or print) DEATH 19.7 COLOR, OR RACE 7. MARRIED TO NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lan (buthday) Months Days WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME after 14. MOTHER'S MAIDEN NAME 200 15. WAS DECEASED EVER IN U. S. ARMED, FORCES? 16. SOCIAL SECURITY NO Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO ony Conditions, if any, which gove rise to immediate ber **DUE TO** cattle (o), stating the underand lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO WEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/01/19 WAS ALTOPS PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) HEUT D. M. While Not while at work . at work 21. I certify/thotal attended the deceased from. 3 that I lost sow the deceased .FM, from the couses and on the date stated above. \_, and that deoth occurred at I ADDRESS (Street, city or town, state) DATE SIGNED DIRECT ACTUAL SIGNATURE should FUNERAL F PHYSICIAN'S Oliver Purvis, 40 Franklin St., Annapolis, Maryland 22b. DATE THEREOF 22g. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 22d. KOCATION (City, town, o) county) page (Stotal REMOVAL (Specify) Win 0 MUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



## FOR STATE HEALTH DEPT.

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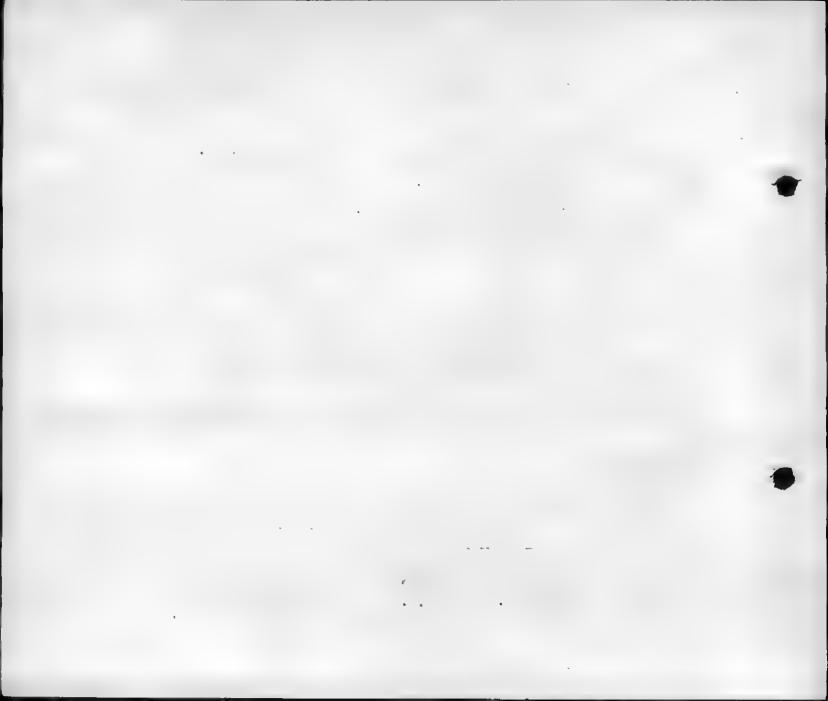
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VII. ATEME 5M 2757

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07526 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

The state of the s					Keg, Dist. No.
I. PLACE OF DEATH				(Where deceased lived. If institution	on: Residence before admission)
	nne Arundel	MARYLAND	e. STATE	t. COUNTY	Anne Arundel
b. CITY OR TOWN I	III auts de ca porate lemis, write EURAL	c. LENGTH OF STAY IN 16		(If outside corporate limits, write RI	
17			Aver	blon	
d. NAME OF HOSPI	TAL OR INSTITUTION (If not i	n hospital, give street address)	M. STREET ADDRESS	20,20,2	IN IS RELID NOTE
Anne	Arundel Genera	al Hospital	Bc Bc	ox 369, Rt. #2	YES TO NO DE
3. NAME OF	First	Middle	Lost	4. DATE Month	Doy Yeor
(Type or print)	MARION	E.	CARDWELL	OF	
5. SEX	-		DATE OF BIRTH	9. AGE (In years II	FUNDER TYEAR IF UNDER 24 HRS.
Female		OWED DIVORCED	ADRIL 11	IGO ( lost birthday)	Months Days Hours Min
	77222.00	Ob. KIND OF BUSINESS OR INDUST	RY 11 RIETHPLACE (SIGN	19 40 33 yrs.	12. CITIZEN OF WHAT COUNTRY?
	ing life, even if retired)	0 111 1	11.00	a J s	12. Chizzid of What Country
13. FATHER'S NAME	EWORK	OWN Home	111691	// 4	
S. PATREK S 14AME	. 1		14. MOTHER'S MAIDEN	4	
JAMES L	) HHALT		HAICE /11	Baker	The state of the s
Itas no at nuruman)	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. W	FORMANT /	Address	2 -101 11
NO		I Ko	gerlordu	,e11 K+2	Boy 369 Arnold, 1
	ATH [Enter only one cause per		,		ENTERVAL BETWEEN ONSET AND DEAT I
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Subarachnoid her	norrhage		
330 X	DUE TO				
Conditions, if	ony, which) (b)	Ruptured Berry	neurysm		
gove rise to imme	adiate couse				
(e), stoting the course last.	(c)				
Z PART II. OT		S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	WINALDISEASE CONDITION GIVEN	N PART I(p) 19. WAS AUTOPSY
PART II. OT		the second secon			PERFORMED?
200. EXTERNAL CA	USE WAS 206 DES	CRIBE HOW INJURY OCCURRED (E	oler solure of injury in Po	et Loc Port II of item 18 )	1136 100
A 200. EXTERNAL CA	INTRIBUTING []	(2	The transfer of the fact of th	or run is as ingin ru.	
	JRY Month, Day, Year	20d. INJURY OCCURRED   20e. PLAC	E OF INJURY (Home, for	- 1705 (Ci) 15	(County) (State)
Hour o. m.		While Not while	ry, street, office bidg., et	c.)	(County) (Stote)
		of work at work			
21. 1 certify t	hat I took charge of I	he remains described abo	ve, held an Autop	sy K, Inspection ,	Inquiry, and in my
opinion death	resulted fram: Natur	ral causes 🗷 / Accident [	], Suicide [],	Homicide . Undetern	nined manner 🔲
	0/	c/-			
ACTUAL SIGNATURE,	Charles	J. letty.	M.D. CHIEF MEDICAL	EXAMINER [	DATE SIGNED
	( , 0 ,		ASSISTANT MEDIC	CAL EXAMINER 🍱	8/1/58
EXAMINER'S NAME (Type)	Charles S	. Petty, M.D.	DEPUTY MEDICAL	EXAMINER [	
220. BURIAL CREMATI		27c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town, or	county) (Stole)
PHY 13	1 8/4/58	Union Cer	netery	LAVETTEVILLE	1/
23 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	740. REC		TAR'S SIGNATURE
One burens	Suc 1216	Leliaberes do	Cal. DATE AT		esuch
IN INITA	- No. 1248	ALLEN HALL (LB).	DATE "		



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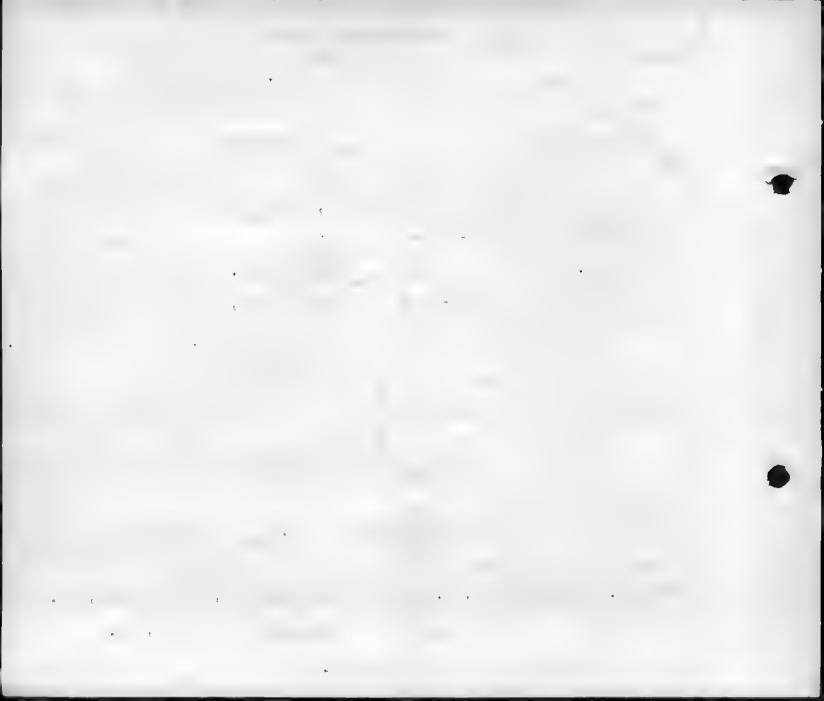
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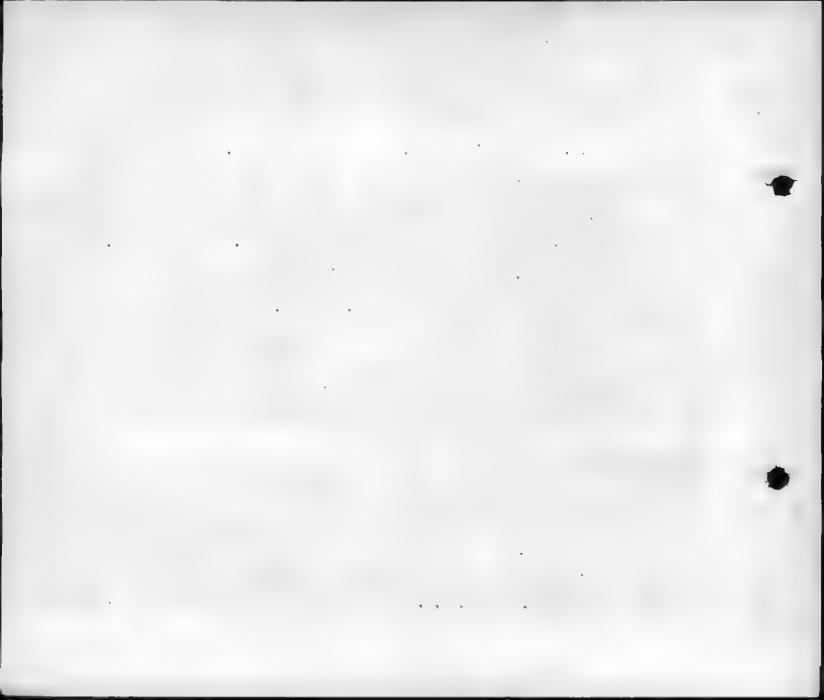
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of should be ascerated within 28 hours after death. If any delay is necessary please ading is penal in Item, 18. Give Pages 1, 2, and 3 ton. Funeral director. Page Examiner's Office along with form PM3. Page 5 may elained for your files, ad a buriot-tronsit permit. File pages 1 and 2 with the State Baard of Health.	or its designated agent, prior to buriot, cremation, or removal, and in any event within order action.

VS A15ME BM 2/57 16 m 18 Film 2 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7558 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17528

									g. Dist. 140.	_
1 PLA	CE OF DEATH					2. USUAL RESIDENCE	(Where deceased live		tesidence befare	admission)
4		1 County			MARYLAND	o. State Marylan	d	P CONNIA		
b. C		putside corporate imits, writi	e PURAL	c. LENGTH OF	STAY IN 16		(If autside carporete	limits, write RURA	L and give neor	est town)
	rooklyn	Park		Few min	ntes	Brooklyn	25	0 V		
d N		L OR INSTITUTION (	If not in ho			d STREET ADDRESS			7.	IS RESIDEN E
On_	the way	to Dr. Sosi	nowski	i's Offi	ce.	4209 Dor	is Ave.			IES NO 💂
3. NAI	EASED	Fir			ddle	Lost	4. DATE OF	Month	Doy	Yeor
1177	Di:	ane Margare	t Cor	mor			DEATHJUL	and the material of		19
5. 5EX		6. COLOR OR RACE	Z MARRI	ED NEVER M	ARRIED 8.	DATE OF BIRTH	9. AC	E (In years IF UN Men)		UNDER 24 HR'
	F	W	WIDOWE		PRCED [	19/8/57		yrs	22   "	
100 US	SUAL OCCUPATIO	N (Give kind of work in [setired)	done 10b. I	KIND OF BUSINE	SS OR INDUST	RY II BIRTHPLACE (See		12		VHAT COUNTRY?
		None				Baltimo	re.Md.		USA.	
13. FA	THER'S NAME					14. MOTHER'S MAIDEN	NAME			
	Harry E	. Connor J	r.			Lillian	Schilling			
15, W/		R IN U S ARMED FO		SOCIAL SECURIT	TY NO. 17. IP	IFORMANT		Address		
\$7.99. HD,	, er waknown)	If you, give wat or do'es of	NETT-CO)	non	е	Mr. Harry E	. Connor	(father)		
18.	CAUSE OF DEAT	H Enter only one cou	use per line	for (o), (b), and	(c) ]				TINTERVA.	BETWEEN
	PART I. DEATI	H WAS CAUSED BY:				mmass smidd	-		ONSET A	ND DEATH
		MMEDIATE CAUSE (o)		THIGHTS	للوزائيا فا	pneumoniti				
		DUE TO								
	anditions, if an averise to immed	iole couse	1							
	(a), stating the underlying DUE TO									
1	ovie last.	) (c)		ONITE IN LESS OF THE		AT 171 171 TA THE T-				Train to the
CERTIFICATION	PART II, OTHE	ER SIGNIFICANT CON	DITIONS CO	DMI KIBO IING IC	DEATH BUT N	OT RELATED TO THE TER	MINALDISEASE CON	DITION GIVEN IN	1	PERFORMED?
2 20	EXTERNAL CAU	SE WAS 120	h nescala	F HOW INSTITUTE	OCCUPPED (6)	nter nature of injury in F	Part for Boot II of the	. 18 )	162	NO []
PRI CA	MARY OF CON	TRIBUTING []	D DESCRIB	L IVOW NEORI	OCCORRED (E	wer no or injury in a	OFF TOF EQUITION FIRE	n 10 ş		
3 200	c. TIME OF INJUR	Y Month, Day, Yes	ar 20d.	INJURY OCCUR	ED 20e PLAC	E OF INJURY (Home, fo	orm, 20f (City or lov	vn)	(County)	(Stote)
<b>7</b> 200	Hour o.m.	10	Whit	Not white	0	ry, street, office bidg., e	rtc.)			
		at I took charge				ve, held an Auto	nsv 🗔 Insper	tion []. In	quiry [7],	and in my
	•	esulted from: 1					Homicide $\square$ ,		البيااا	_
	on dean i	7 .	/Olorur	cooses [	vectaetti [		Hollicide [_],	Undetermin	ea manner	
	CTUAL	: 17	- and			CHIEF MEDICAL	EYAMINED TT		D	ATE SIGNED
SI	GNATURE	V ; F (	10,00	-		_ M D.				
	KAMINER'S AME (Type)	Ressell S	. THei	her, M.D	).	DEPUTY MEDICA	AL EXAMINER		7/33	L/58
	JEIAL CREMATION		e Times	22c NAME OF				City, fown, or cour	niu)	(State)
	EMOVAL (Specify)	8-4-	58		. 1	_		•	NID	(3.0/6)
23 FH	ムレスルト	SIGNATURE	, 0	ADDRESS	, 18 22 /1	anal Gem	C'D BY REGISTRAR	THE STRUCK	SIGNATURE	-
1	10 d (1	4 . 0 1			= 400		AUG 4 '58	(Plan	Buch	
10	IC Culley	June H	Opered	1.50	70	DATE DATE	1100	1	COLLON	



M

AΑ	RYLAND	STATE DEPARTMENT	OF HEALTH	-BALTIMORE.	18
.,	************	******	O1 116746111	DATE INTO ICE,	

07529

**CERTIFICATE OF DEATH** 7559 Reg. Dist. No. 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Anne Arundel b. COUNTY MARYLAND Anne Arunde b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown Burrie d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 4. DATE OF DEATH NAME OF DECEASED First Middle Last Month Day Year Helen Anna onnor (Type or print) 19

-1	The second secon	AR IF UNDER 24 HRS						
l	Female White WIDOWED   DIVORCED   Oct 23, 1906   last birthday) Months Day	ys Haurs Min.						
	to during most of marking life among the street	S.A.						
V	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
1	George Weiler Mary Holley							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (15 year, gard wor or dates of service) 215-22-1402 Mr. James A. Connor, same	2						
		NTERVAL BETWEEN						
1	PART I. DEATH WAS CAUSED BY:	DNSET AND DEATH						
1	DUE TO .							
-	Conditions, if any, which ) (b) Core to the conditions if any, which )							
-1	gove rise to immediate the state of the stat							
	lying couse last.	1 12						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Part I or Part II of item 18.)  10b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Part I or Part II of item 18.)	19. WAS AUTOPSY PERFORMED? YES NO X						
	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Part I or Part II of item 18.)							
	20c. TIME OF INJURY Month, Day, Year Haur a, ft.  P. m.  19  20d. INJURY OCCURRED While Not white at wark at w							
	21. I certify that I aftended the deceased from 1500 26, 1955, ta 1 6 9, that I last	saw the deceased						
П	alive on 4.34.4	date stated above						
1	ADDRESS (Street, city or town, state)	DATE SIGNED						
1	SIGNATURE ( LC RY L. 13 CC C LC M.D. X 11 CC CC	7/0/10						
	PHYSICIAN'S Charles L. Ball, Jr. Linthicum, Maryland							
	270. BURIAL CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county)	(State)						
	Burial 7/14/58 Holy Cross Cemetery A.A.Co. Marulano	1						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Zig. REC'D BY REGISTRAR Zib REGISTRAR'S SIGNA	TURE						
	Leonard & Ruch 5305 Hartard Road #111 DATE WHI 1 1 158 Co.	1						

VS A15 (4) 15M 9/55

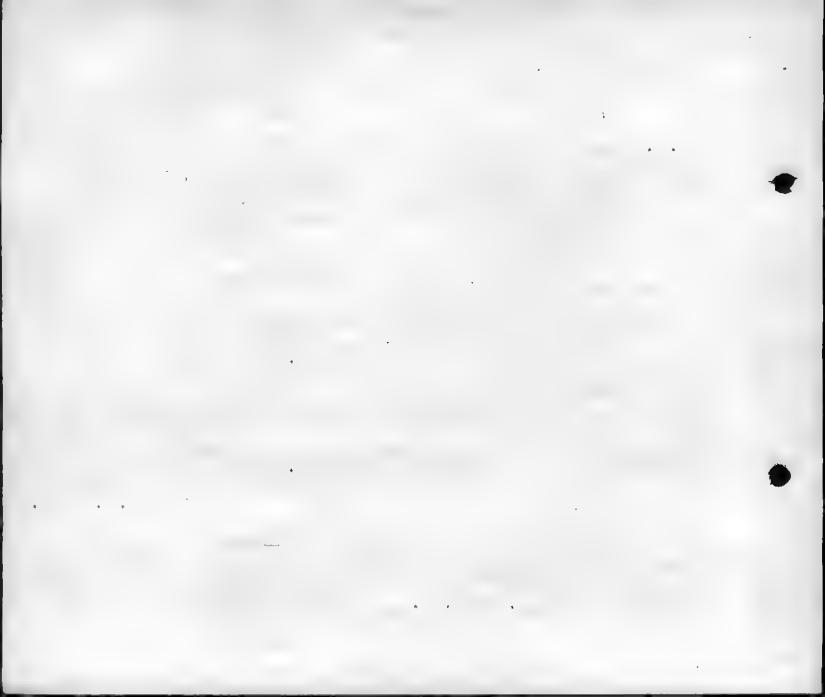


1	a.	1		
HE	OR AL1	S1	DE	
10 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the red "pending" in pencil in len, 18. Give Pages 1, 2, and 3 time funeral director. Pages	4 should be forwarded to the Ch. Redicat Examiner's Office along with form PM3. Page 5 may introduced for your files.  • EuneRAL DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the State Scarafol Phadith.	removal, and in any event within 72 haurs after death.		
- Bran	1			6

VS A15ME 5M 2 57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7526: MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist	0.7	5.	30
	and the same of th	*******	

١.	o. COUNTY Anne Arundel	44 A BWE 4 AND	a. STATE Maryland b. COUNTY Anne Arundel						
-	b. CITY OR TOWN III outside corporate him to write EURAL	c. LENGTH OF STAY IN 16		Tand	AIMIE A				
	and givs regrest town)	c CETY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
-	Annapolis		/ Mayo			<del>-,</del>			
2	d NAME OF HOSPITAL OR INSTITUTION (If not in hosp	d, STREET ADDRESS			ON A FARM?				
	A. A. General Hospital		<u> </u>			YES NO			
3,	NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month Do				
-	(Type or print) EDMARD		CURTIS	DEATH	July 19	19 58			
5.		D 🔲 NEVER MARRIED 🔀 B.	DATE OF BIRTH	9. AGE (	elan)				
	Male Colored WIDOWED	DIVORCED []	4-12-19	30 28	yrs Months Doys	Hours Min			
10	a. USUAL OCCUPATION (Give kind of work dane) 10b, Ki dusting most of working life, even if retired)	NO OF BUSINESS OR INDUST	Y 11 BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?			
/ [	Laberer		Maryer	wed.	1/1:5	SIA			
13	FATHER'S HAME		14. MOTHER'S MAIDEN	NAME					
	Valter Curios	A)	Len	2 /10	2100				
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17, IN	FORMANT	2/1	Address La	5 , 1			
1"	[11 yes, give wor or opies or service]	16-24-67X1	Mamio	Custo	11/11/11	is Mide			
	18. CAUSE OF DEATH [Enter only one couse per line for	or (a), (b), and (c). )	4 WILL		TIN TIN	SERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY:	ndara Hamazzahaa			04	ISET AND DEATH			
	IMMEDIATE CAUSE (o) Massive Hemorrhage								
	Dus 10 Stab Wounds of Left Neck.								
	Conditions, if any, which (b)								
	(a), stating the underlying DUE TO								
2	The state of the s								
CERTIFICATION	TAK II STOKE SIGNATION CONTINUES CO.	THE DEATH OF THE	OF KELKIED TO THE TERM	MALDISEASE CONDIT	ION GIVEN IN PAKE I(0)	PERFORMED?			
~  달	THE EVIENNAL CARRES WAS TON DESCRIBE	DOM BUILD OCCURSOR IS				YES X NO			
ERTI	I FRIMARI 4B OF CONTRIBUTING LI	HOW INJURY OCCURRED (Er		1   or Fart    of item ?	)				
		bbed during al							
MEDICAL	Hour and a second White		E OF INJURY (Home, form ry, street, office bidg , etc	i 201 (Circs 100)	(County)	(State)			
M.	2000 7/19/ 19 50 at world	k at work	Street	Annapol	is A. A	• Md•			
	21. I certify that I toak charge of the re	emains described abov	e, held an Autaps	y 🗓 , Inspectio	n . Inquiry [	, and in my			
	opinion death resulted fram: Natural co	ouses [], Accident [	, Suicide ,	Hamicide 🗓 , 🚶	Indetermined mont	ner 🔲			
	11/4 . 1/4	,							
	SIGNATURE William Bours		M D. CHIEF MEDICAL EX	AMINER [		DATE SIGNED			
			ASSISTANT MEDIC	AL EXAMINER		7/19/58			
	NAME (Type) William V. Lo:	vitt. Jr.	DEPUTY MEDICAL	EXAMINER [					
22	D. BURIAL CREMATION 226 DATE THEREOF	77c NAME OF CEMETERY OR	CREMATORY -	22d LOCATION (City	, town, or county]*]	(Staje)			
1	3416 at 7-23-58	angel Mike	norlak	4011112	o Mr.	24/21/16			
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 /1 240. REC'	D BY REGISTRAN 24	b. REGISTRAR S SIGNATE	JRE THE			
1/2	mi Krealt 168 West IX	elluna. m	DATE 111	1	)				
T.	1000000	10000	DAIC III	7 3 30	W. J. edilla				



execute the certificate, writing it-4 shauld be farwarded to the Ch TO FUNERAL DIRECTOR: Page 3 should be or its designated agent, prior to buriot.

DEPUTY MEDICAL EXAMINER:

2 × 2 V3 A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08676

Reg. Dist. No.

7560 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

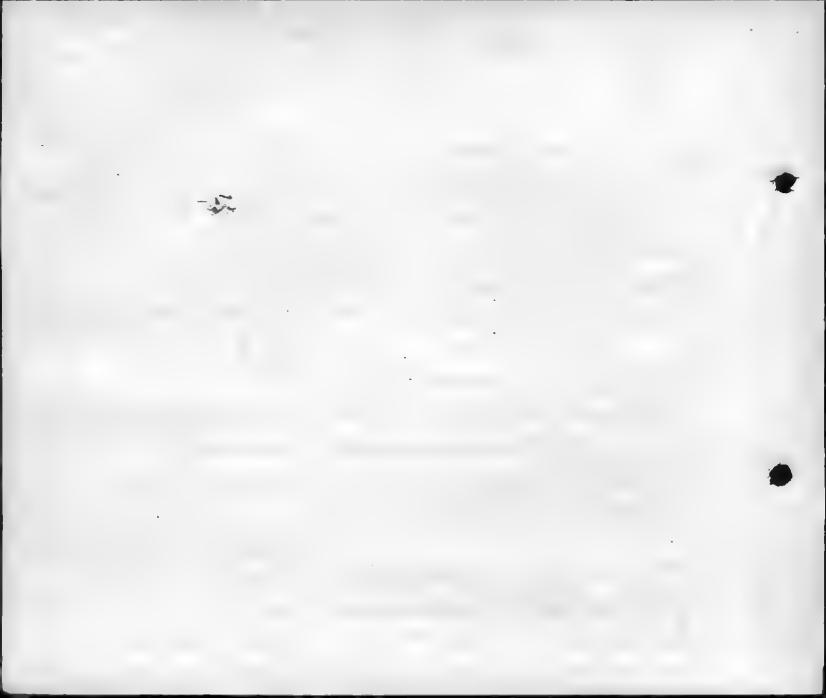
	OUNTY	***		A. A/9/4	2. USUAL RESIDEN	CR (Where dece	ased lived If i	natitution: Resi	dence bef	ore odmission)
0. 0.	anne ari	undel"		MARYLAND	o state	land	b. CO	UNTY		Ł
p Cu	TY OR TOWN (11 s and give negret) town)	sultide corporate fimits, writ	+ RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town)					
	Curtis La	ay		Few hours	Baltin	nore		50 1 2		,
d NA	AME OF HOSPITA	L OR INSTITUTION (	If not in hos	ipital, give street address)	d STREET ADDRE	\$\$				e IS KES DERICE
	urtis Cre	pok		Wandington - second	905 Wats		at	Problemanic.		YES NO
	FASED	Fir	21	Middle	Fost	4. DATE OF		Aonth	Day	Yeor
	or print) B	randa Mae_	Davis			DEATH	JIIIV	29th.	1958	19
5. SEX		6. COLOR OR RACE	MARRI	ED NEVER MARRIED	B DATE OF BIRTH		9 AGE (In year four birthday)			IF UNDER 24 HRS
	ਹੁ	W	WIDOWE		10/25/47		10	yrs Months	Doys	Hours Min
10a. USI	UAL OCCUPATION	N (Give kind of work life, even if retired)	done 10b. I	(IND OF BUSINESS OR INDUS	TRY 11 SIRTHPLACE (	State or foreign	country)	12. CI	TIZEN OF	WHAT COUNTRY?
40000		ng school			Roand	oke Va.		77	SA	
13. FAT	HER'S NAME				14. MOTHER'S MAID	EN NAME		- 1		* * -
	Frank 1	L. Davis			Doris M	Marie Jo	ordan			
		R IN U. S. ARMED FO		SOCIAL SECURITY NO 17.	NFORMANT			Îrass		e en gareg
	er unknown)	If yes, give wor or dotes of	PGAAHCO]	37	r and Mrs.	F.L.Day	tic (nar	ents)		
		H [Enter only one cou	se per line		1	The street of the car.	To I an	ongo,	Times	
110.		WAS CAUSED BY-		idental Drowni	n C1				ONSE	YAL BETWIEF
	70110	MMEDIATE CAUSE (0)	ACC.	TOGULFET DLOWUT	ug				-	ouc en
		DUE TO								
	neitions, if an									
	re rise to immedi , sloting the ur									
	use lost.	(c)				THE STATE OF THE S				
8	PART IL OTHE	R SIGNIF CANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION	GIVEN IN PA	RT 1(e) 15	. WAS AUTOPSY
CATION									Y	PERFORMED?
1 00	EXTERNAL CAUS	E WAS _ 20	b DESCRIB	HOW INJURY OCCURRED (	Enter nature of injury in	Part I or Port	1 of item 18,)			
SETTING CALL	USE OF DEATH.							00.0	1	0 1
₹ 20c.	TIME OF INJURY	Month, Day, Yea	r 20d.	Swimming in Cu	CE OF INITIRY (Home	and are	owned ir		OL O	[ Water (Slote)
∑ 20c.	Hour a.m.	- 1 1	- While	Not white Toc	ory, tireer, office bidg	elc )	, or (g m)	10	DOINY	(31014)
"	3 4.5 p.m. 1				<u>rtis Creek</u>		rtis Bay		4	Md.
				remains described abo		apsy,	Inspection	📆, Inqu	iry 🗔	and 'n my
орі	inion death r	esulted from: 1	Vatural d	couses . Accident	🗓, Suicide 🔲	, Homicid	e 🔲, Und	etermined	monne	
	2	fre .		9 , 2.						
	TUAL	essave	100	tarebert 16	M D. CHIEF MEDICA	AL EXAMINER [	]			DATE SIGNED
l					ASSISTANT ME	DICAL EXAMIN	ER 🗀			
NA NA	AMINER'S ME (Type) G120	stave H. F	auber	t.M.D.	DEPUTY MEDI	CAL EXAMINER	D 7/	/29/58		
220 BU!	RIAL CREMATION	226. DAJE THEREO		22c NAME OF CEMETERY OF	CREMATORY	22d. LOC	ATION (City_los	wn, or county)		(Stole)
D. REA	AOVAL (Specify)	18/2/5	-	Same U		R		1/-		,,
25 NON	ERAL DIRECTOR'S	SIGNATURE	-E	ADDRESS	1 246.	REC'D BY REGIS	TRAR 246 B	EGISTRAR'S SI	GNATHR	
40	m. 12	Ne VVO V	10-0.0	39754	1015-					
	The state of the s	D. Conda. VI		J - L V 1/1	LEVI 3   DATE	M621	158	arthur -	8=16m	04



death' Page



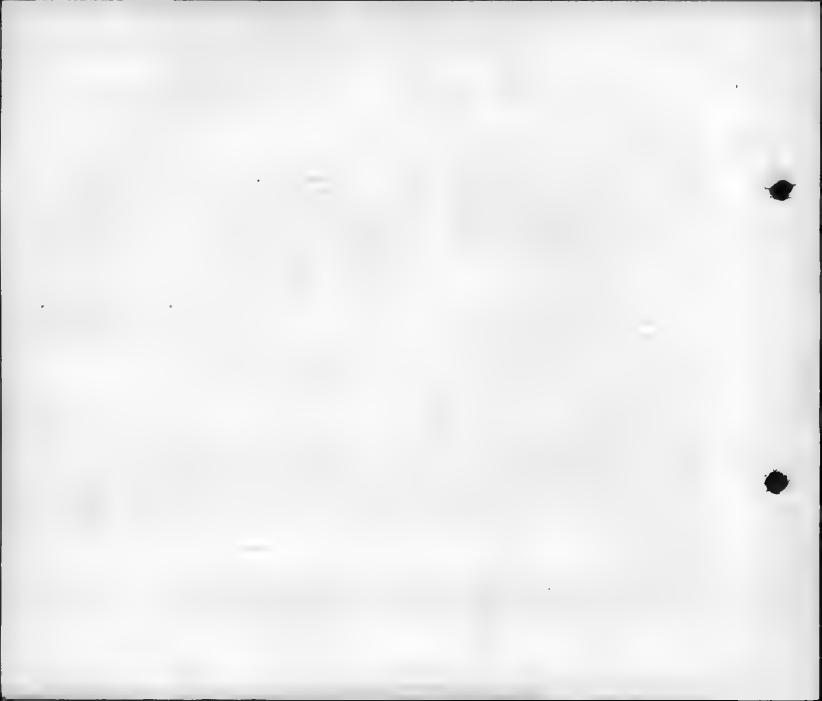
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07532CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY, o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give negrest Jown) should LERSVILLE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? URSING THORED YES NO NAME OF 4. DATE OF DEATH Middle Doy Year DECEASED (Type or print) 19.50 S. SEX 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days WIDOWED' DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY. during may of warking life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 19. SOCIAL SECURITY NO. 17. INFORMANT 578-09-1162 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BETWEEN ONSET PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE TO DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUZNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(G) 19, WAS AUTOPS) PERFORMED? YES [7] 200. ACCIDENT WAS UNDERTHING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY-MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED Enter nature of injury in Part I or Part II of ilem 18.) 20c. TIME OF INJURY Month, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (Count (State) foctory, street, office bldg., etc.) Not while at work at work 21. I certify that Nattended the deceased from tight I last saw the deceased And That death occurred at M, from the causes and on the date stated above ADDRESS Street City or lown. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEXEC 220. BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, jown, or couply) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S-SIGNATURE ADDRESS 246, BEGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
D		7563 CERTIFICATE OF DEATH Reg. Dist. No.
Page 4	1.	PLACE OF DEATH O. COUNTY O. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Revidence before admission) O. STATE  Maryland  County
deoth uneral Id be f	/	RURAL and give nearest town)  **COLLY OR TOWN (if outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town)
by the fi		d NAME OF MOSPITAL (It of it maspital, give street address)  d. STREET ADDRESS  e. IS RES.DENCE ON A FARM? YES \( \sigma \text{NO.} \)  VES \( \sigma \text{NO.} \)  VES \( \sigma \text{NO.} \)  ON A FARM?
24 har		NAME OF DECEASED (Type or print)  Name OF DEATH  Name OF DEATH  OF DEATH  Doy Year  DEATH  Death  Description  Name OF DEATH  Doy Year  DEATH  Description  Name OF DEATH  Description  Name OF DEATH  Description  Name OF DEATH  Description  Name OF DEATH  Doy Year  DEATH  Description  Name OF DEATH  Description  Description  Description  Name OF DEATH  Description
etel	5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE 1/2 fears IF UNDER 1/2 HRS lost later day) Months Days Mours Min.
executed cample of cample of captured death.	10c	USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 PROPHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY:  (12. CITIZEN OF WHAT COUNTRY:  (13. CITIZEN OF WHAT COUNTRY:  (14. CITIZEN OF WHAT COUNTRY:  (15. CITIZEN OF WHAT COUNTRY:  (16. CITI
ician on e carba s after	13.	FATHER'S NAME Richard Clauding Hall Eng. May holand
ng phys remov 72 houn		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service)
orlendi n pleas		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  ONSET AND DEATH  ONSET AND DEATH
that the by the it. The sy even		420.1 DUE TO CONTINUE TO CONTI
equires signed it perm ad in or	CATION	gave rise to immediate cause (a), stating the under-lying cause last.  (b)  DUE TO  Out 10  Ou
s been short are trans		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
AN: The ng p buris	CERTIFIC	20a ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER)
PHYSICI al ar his c use as r emotion,	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a. m. 19 While at wark at
After the formula of		21. I certify that Lattended the deceased from 6 2 19 10 7 19 15 that I last saw the deceased alive on 7 19 5 A, and that death occurred at 93 AM from the causes and an the date stated above
A ATTEN d by the ECTOR: or to bu		actual SIGNATURE
retainer RAL DIR shauld I		PHYSICIAN'S J. M. WARREN
HOSP noy be FUNE age 3 he regi	220	BURIAL, CREMATION, 170. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State)
VS A15 (4) 15M 10/57	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS
12/11/19/07	<u> </u>	James Harrison No.



1	1	MARYLAND STATE DEPAR	TMENT OF HEALTH-BALTIMORE,	18
		7527 CERTIF	ICATE OF DEATH	Reg. DA 7534
Poge Milector	1.	Anne Arundel MARYLA	2 USUAL RESIDENCE (Where deceased lived. If institution of STATE) (Market County)	
deoth.		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	1 1b / c CITY OF TOWN (If founds comporate limits, write	RURAL and give nearest town)
the the control of th		Annapolis  NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
hours yours	3	The Anne Arundel General Hospital	Lost 4. DATE M	onth Day Year
Iled Jes 1	L	DECEASED Type or print) Petro	Eldridge, Jr DEATH	July 29 19 58
rs. Feb.	S.	Male Negro WIDOWED DIVORCED	July 28, 1958	Months Days Hours Min
and comp	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Maryland	12 CITIZEN OF WHAT COUNTRY
corbo	13.	FATHER'S NAME Petro Eldridge	14 MOTHER'S MAJOEN NAME	
ificat nove ours	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	Margaret McGhee	ddress
ng p re ren 72 h	(Ya	. no er unknown) (if yes, give war er dates of service)	Mother 19Calvert St.	, Annapolis, Md.
ottendi n pleas it within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)	X-ia	INTERVAL BETWEEN ONSET AND DEATH
requires that the control of the con		Conditions, if ony, which gave rise to immediate cause (c), stoling the under-lying cause last.	tirity	74 lez.
physicic da been ial-trans	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION O	PIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
ending ficate h the bur or ren	CERT	200 ACCIDENT WAS UNDERLYING   200 DESCRIBE HOW INJURY OCC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED (Enter nature of injury in Port I or Part II of item 18.)	
of or 21 this r use as emotion	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20 While Not while pt work of work of work	De PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, affice bldg , etc.)	(County) (State)
ATENDING TOR: After to burial, cr		12 (() \ 14.1	eath accurred at 2 M, from the causes  ADDRESS (Street, city or tow	T, that I last saw the deceased and an the date stated above DATE SIGNEE
ITAL OR A retained b RAL DIREC should be strar prior		PHYSICIAN'S NAME (TYPE)	Canalola (	7/39
TO HOSPITAL may be reta TO FUNERAL page 3 shou the registrar	1	BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETER BURIAL (Specify) BULLEY B-1-1958 BROWN	ver Hall Chanage	olis Mile.
VS A1S (4) 15M 97SS	23	Mi Reesett ic 8 Washatt Clien	240. REC'D BY REGISTRAR 26 REC DATAUG 4 '58	GISTRAR'S SIGNATURE
	-	** 13 XV )		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 7528 CERTIFICATE OF DEATH Reg. Dist. NU7535 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o. COUNTY filed b. COUNTY MARYLAND the funeral should be fi b. CIPPOR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CIPT OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAV and give neorest toyn) makolis e. IS RESIDENCE d. NAME OF HOSPITAL (Vinot in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM YES NO 4. DATE Middle Month DECEASED DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH Months Davi Hours DIVORCED [ WIDOWED KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or foreign 12 CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work done 10b country) eath. during most of working life, even if retired) ő 14. MOTHER'S MAIDEN NAM ofter FATHER'S NAME 17. INFORMANT Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cottse (o), stating the underlying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILD. P. WAS AUTOPSY PERFORMED? YES TO NO TO 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while at work at work, D. m Othat I last saw the deceased 21. I certifie that I attended the deceased from M, fram the causes and on the date stated above. alive on. and that death occurred at ADDRESS (Street, city or town, state) ō DIRECT ACTUAL SIGNATURE FUNERAL PHYSICIAN'S 11RVI NAME (Type) 22d AOCATION (City, lown, or county) 220 BYRIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spectry) 0 FUNERAL DIRECTORS SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) יקט' 1SM 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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**INSTRUCTIONS** 

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FUNERAL DIRECTOR: The

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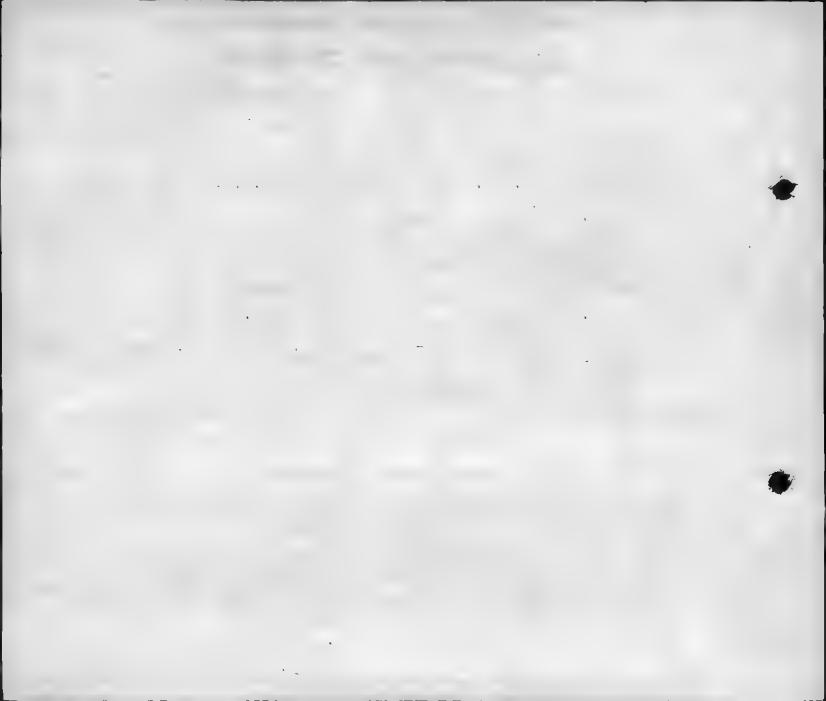
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 7565 CERTIFICATE OF DEATH

07537

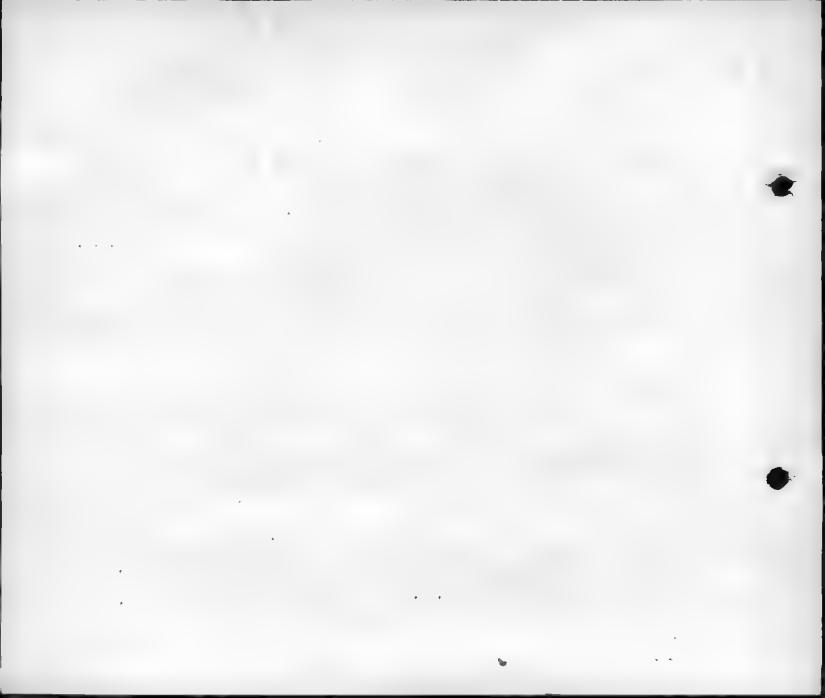
Reg. Dist. No... PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Anne Arunde COUNTY COUNTY MARYLAND (If outside corporate limits, write RURA) LENGTH OF STAY (If outside corporate limits, write RURAL and give nagrest town) and give nearest town) (in this place) OR TOWN TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS 3. NAME OF DECEASED (Middla) (Last) DATE (Month) (Dey) (Year) OF 58 (Type or Print) DEATH COLOR OR SINGLE, MARRIED, DATE OF BIRTH 9. AGE last birthday 6. IF UNDER 1 YEAR HE UNDER 24 HRS WIDOWED, DIVORCED RACE Months Days Hours (Specify) male 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY ? Retired 13. FATHER'S NAME 16. SOCIAL SECURITY NO. (Yes, no. or unk.) (If Yas, give wer or detay of sarvice) 213<u>-09-750</u>5 INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO W 21e, ACCIDENT WAS UNDERLYING TO 21c. WHERE DID INJURY OCCUR? (City or town) 21b. PLACE (Home, farm, factory, (County) (Stata) OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY streat, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) [Day] (Year) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work at work 22. I hereby certify that I attended the deceased from ... NOV -5...... that I last saw the deceased alive on.. ......., and that death occurred at ...M, from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, town, state) , DATE SIGNED BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY DATE THEREOF REMOYAL (SPECIFY) Moreland Mem. REGISTRAP. REGISTRAR'S SIGNATURE REC'D 305 Hartord Koad.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea Dist No. PLACE OF DEATH
COUNTY
Anne Arundel 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission COUNTY MARYLAND Marvland ind, b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fawn) RURAL and give nearest town) 10 m d Grownsvil Baltimore d NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Crownsville State Hospital 2226 Poplar Grove YES MO IX MARKE OF 4. DATE Month Year DECEASED OF DEATH (Type or origin Annie May Henderson 10 58 Green 18 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED 5 CEY R DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IS LINDER 24 HRS lost birthday) Months Days Sentember 9.1980 Negro WIDOWED P DIVORCED T Female VES 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Eliza Green (Deceased) George Anderson (Deceased 16. SOCIAL SECURITY NO. Address None Hospital Records No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cachexia IMMEDIATE CAUSE (a) DUE TO (known since admission) Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the under-Chronic Brain Syndrome and ACVD with senile deterioration lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Past fractured hip joint YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.1 ATTENDING PHYSICIAN: MEDICAL 20c. TIME OF INJURY Day, 20e PLACE OF INJURY (Home, form, 20f (City or town) Year 20d. INJURY OCCURRED (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat while at work at wark 58 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 7:25A.M. fram the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED Crownsville State Hospital, Md. HOSPITAL OR FUNERAL I PHYSICIAN'S Hildegard/teissmann, M. D. Cromsville State Hospital .Md. NAME (Type) 220 BURIAL CREMATION, 22c NAME OF CEMETERY OF CREMATORY 22d, LOCATION (City Joseph. REMOVAL (Specify) 0 0 a 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR

VS A15 (4) 15M 10/52

.24b REGISTRAR'S SIGNATURE



ADDRESS

Glen Burnie.

245 REGISTRAR'S SIGNATURE

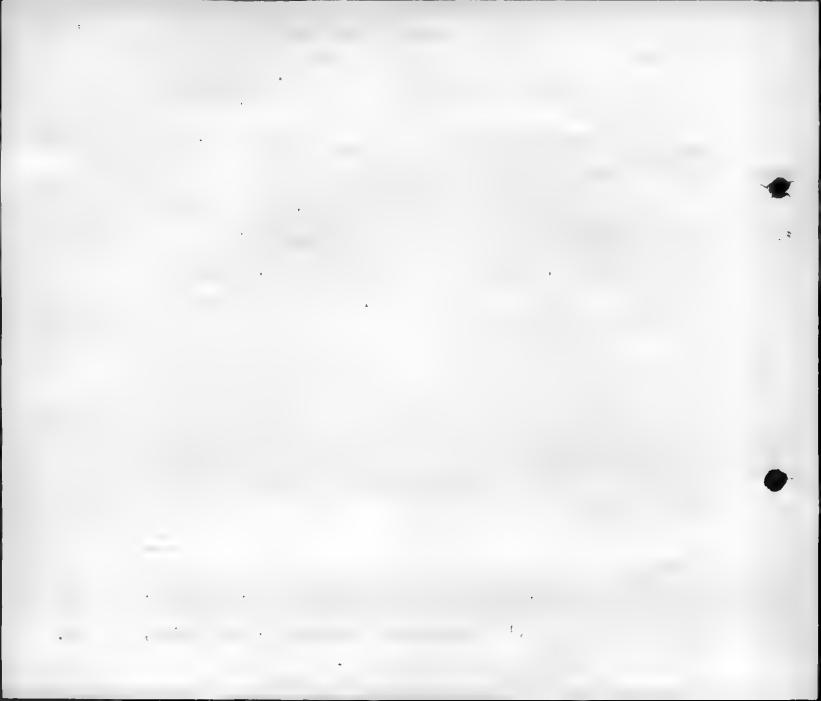
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24a, REC'D BY REGISTRAR DATE JUL 2 8 '58

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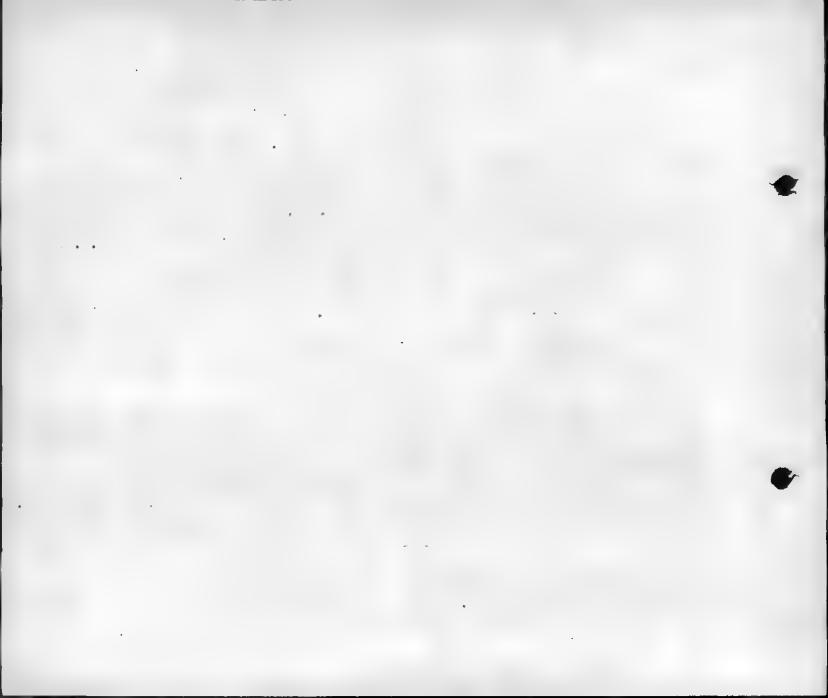
23 EUDIERAL DIRECTORIS SIGNATURE

Kirk Lev



VS. A15ME 5M 2,57 07540

		E & O. e.					Reg Dist, No	o
1.	PLACE OF DEATH	Anne	Arundel	MARYLAND	2. USUAL RESIDENCE (* * STATE Maryl	Where deceased lived. If in b. COI		fore admiss on)
	b. CITY OR TOWN   I and give means fown)	autside corparole i	hmits, write BLRAL	c LENGTH OF STAY IN 16		If outside corporate limits, w		neorest town)
	Off Pinhu	est, Pa	sadena	4 days	Balti	More	3 Y	rt -
	d NAME OF HOSPITA	L OR INSTITU	JTION (If not in he	ospital, give street address)	d STREET ADDRESS			ON A FARM?
	Chesapeal	ce Bay	commercial description		110 N	. Durham Stre	et	YES NO
3,	NAME OF DECEASED (Type or print)		VINCENT	MONROE	HAMMONDS	4. DATE OF DEATH Found	July 24	Year 19 <b>58</b>
5.	SEX	6 COLOR O	R RACE 7- MARR	IED 🔼 NEVER MARR ED 🔲 B	DATE OF BIRTH	9 AGE (In yea fait birthday)		IF UNDER 24 HRS
	Male	Whi	te widow	ED DIVORCED	Aug. 18,		yrs   Months Days	Hours Min
10	a USUAL OCCUPATIO	N (Give kind o	of work done 10b	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	e or foreign country)	12 CITIZEN C	F WHAT COUNTRY?
	For			th Steel Co	West	Virginia	U	.S.A.
13	. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		~
	Chr	rrance	Hammonds		Mir	nnie Louk		
		R IN U. S. AR		SOCIAL SECURITY NO. 17. I	NFORMANT	the same of the sa	ires	
1'	No	for Lay Rive 40) 0		233-09-0623 Ho	ward H. Hemm	nonds 928 S.P.	onca Stree	t Balto
-	18 CAUSE OF DEAT	'H [Enter only		for (a), (b), and (c) }	Andrin of -und andring	1011d0, JAN 0 1	INTI	PVAL BETWEEN ET AND DEATH
		H WAS CAUST	ED BY:	Asphyxia due to	drowning			C) 2140 0C2 11
ł	1/21.0		DUE TO	STATE NAVA AA	And Allanda			
	Conditions, if or		(b)					
	gove rise to immed	liote cause	DUE TO					~
	(a), stating the t	nderlying	(c)					
3	PART II, OTH	ER SIGNIF CAI		ONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERA	AINALDISEASE CONDITION	GIVEN IN PART I(a)	19, WAS AUTOPSY
ATRO			_					YES IN NO
1111	200. EXTERNAL CAL	ISE WAS	20b DESCRI	BE HOW INJURY OCCURRED (	inter nature of injury in Pa	ort I or Part II of Item 18.)	J	
CEPTIFICATION	PRIMARY   of CON	ATRIBUTING [	3	Found drowned		,		
		Y Month,	Doy, Year 20d	The state of the s	CE OF INJURY (Home, far	m, 120f (City or hown)	(County)	(State)
MEDICAL	Hour om	7/20	ES Wh	ile Not white foct	ory street, office bidg, etc.	()	Anne Aru	
12		of Lead		remains described obo		sy 🕱, Inspection		
	1							
	opinion death	resulted fro	am: Natural	couses , Accident	Suicide [],	Homicide, Unc	determined mann	er 🔲
	ACTUAL	1 :	1	LY	CALLEY LANDS OF			DATE SIGNED
	SIGNATURE_	Ryon	cy 8	nak	_M.D. CHIEF MEDICAL E			
-	EXAMINER'S	J	J	U		CAL EXAMINER		7/05/59
-	NAME (Type)		S. Katz		DEPUTY MEDICAL		MARK N. TOWN	7/25/58
7	REMOVAL (Specify)	N 226 DATE	THEREOF	22c NAME OF CEMETERY OR		22d LOCATION (City, to		(Stote) - Wilson and _
L.	Burial	July		8 Wamsley Cem		Valley Be		Virgini 8
23	B. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			REGISTEAR S SIGNATU	W.E.
	Dippel 1	Brother	s 1800 E	Lombard Street	DATE J	UL 2 8 '58 [ V	in-eauch	· =



## OR STATE MEALTH DEPT.

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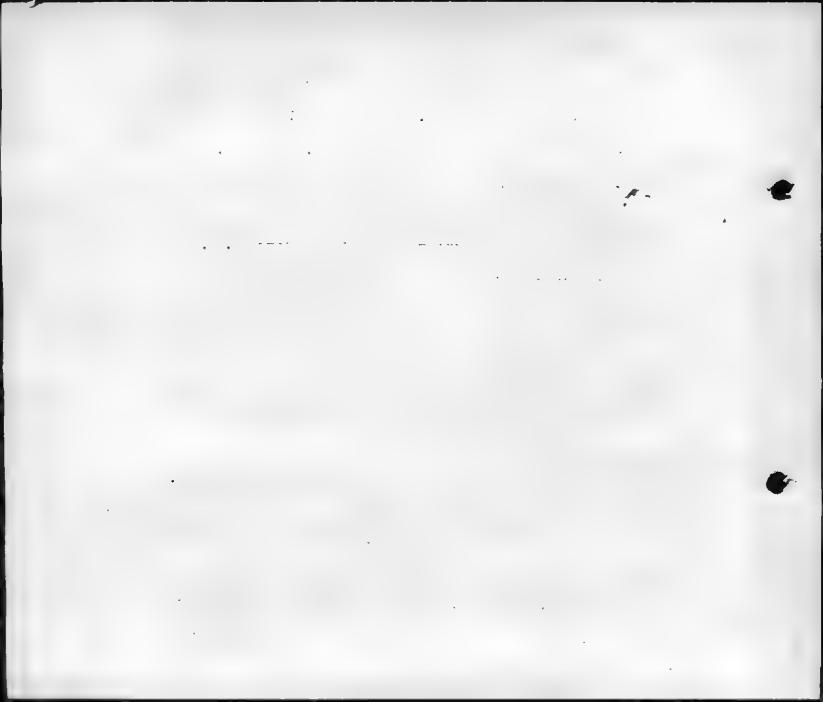
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If on, delay is necessary, please execute the certificate, writing the cardinal pending in pendin in them. 18. Give Pages 1, 2, and 31 the funeral director. Page 4 should be farwarded to the C. Addical Examiner's Office along with form PM3. Page 5 may retained for your files.

THENTER LE DIRECTURE: Roge 3 sheeld be ward as a baniol transit permit. File pages 1 and 2 with the State Board of reacht, or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

#### 07541 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7568 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)									
Anne Arundel MARYLAND	o staffaryland b. county									
b CITY OR TOWN (If outside corporate himits, write RURAL ond give neares fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Bodkins Creek, Pasadena 3 hrs.	Baltimore									
d NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address)	d STREET ADDRESS  e IS RESIDEN E ON A FARM									
Chesapeake Pay	110 N. Durham St. YES NO NO									
3. NAME OF First Middle	Last 4. DATE Month Day Year									
(Type or print) Viola R. HammondS	DEATH July 20 L958 19									
5. SEX 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1	last herbelest									
F WIDOWED DIVORCED	? Menths Days Hours Min.									
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  1. OUSEWIIE	IRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  USA  USA									
13. FATHER S NAME	14. MOTHER'S MATDEN NAME									
Patrick Schroeder Shrader	Lena Lloyd									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. 1	NFORMANT Address									
No -	Howard Hammond (Son) 928 S Ponca Street									
18. CAUSE OF DEATH [Enter only one coute per line for (a), (b), and (c).]	18. CAUSE OF DEATH [Enter only one coute per line for (a), (b), and (c).]									
PART I. DEATH WAS CAUSED BY: Accidental Drowning Sudden										
929.8 DUE TO										
Conditions, if ony, which) (b)	Conditions, if ony, which }									
gave rise to immediate couse (a), sloting the underlying DUE TO										
couse last. (c)										
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?									
15	YES NO									
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	Enter nature of injury in Part I or Part II of Item 18.)									
1	oat in the Chesapeake Pay.									
3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c PLA	CE OF INJURY (Home, farm, 120f (City or town) (County) (State)									
Hour e.m. 7/20/58 19 White Not while are Ches	sapeake Bay Pasadena A.A. Md.									
21. I certify that I took charge of the remains described abo	ve, held an Autopsy , Inspection A, Inquiry A, and in my									
opinion death resulted from: Natural causes . Accident	Suicide . Hamicide . Undetermined manner									
1 + 2/6 1 9										
SCONATURE SUSIONE Attacher	CHIEF MEDICAL EXAMINER DATE SIGNED									
	ASSISTANT MEDICAL EXAMINER									
EXAMINER'S Gustave H. Faubert, M.D.	DEPUTY MEDICAL EXAMINER (1) 7/21/58									
270 BURIAL, CREMATION, 276 DATE THEREOF 220 NAME OF CEMETERY OF	CREMATORY 22d LOCATION (City, lown, or county) (51ate)									
REMOVAL (Specify) Burial July 27 1958 Wamsley Ceme	etery Valley Bend West Va									
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 245-REGISTRAR'S SIGNATURE									
Dippel Brothers 1800 E Lombard Street	DATE JUL 25 '58 Cll-f-eluch									



Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)

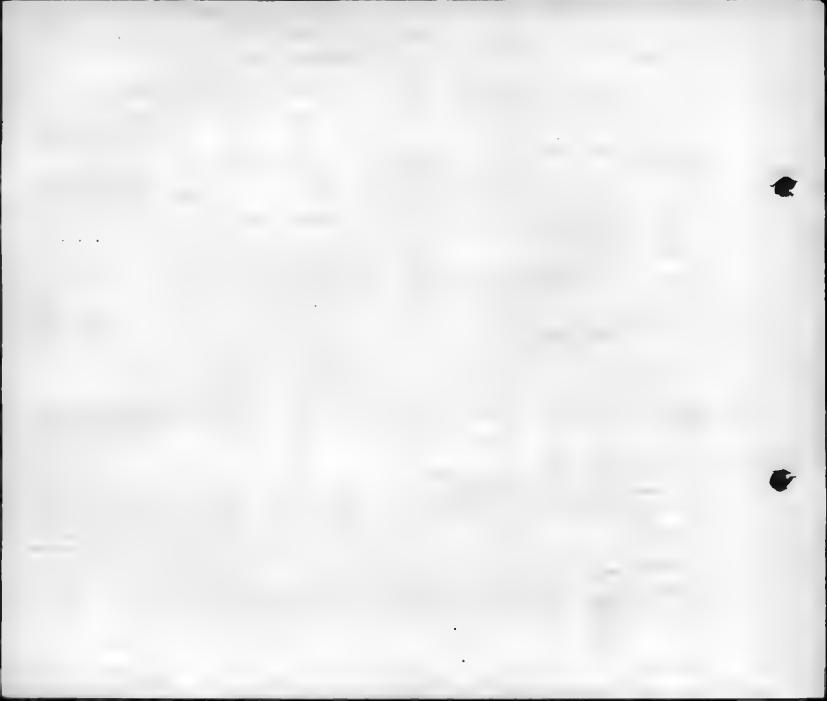
PLACE OF DEATH

has been signed by the attending physician and complete

24 hours after death. Page 4

may be retained by the hospi TO FUNERAL DIRECTOR: After TO HOSPITAL OR VS A15 I 15M 9/5

	1 1	o. COUNTY	4		MARYLAI	NO II	o STATE			b. COUNTY				
	-		e Arundel  outside corporate limit		c LENGTH OF STAY IN	16		yland		prote limits, write RI			unde	
		RURAL and give ne		a, writing	C LENGIN OF SIAT IN	'°   _×	RIVA	OWN (II c	iniiida cotbo	prote limits, write ki	UKAL ana	Sive nec	orest rown	}
,		d NAME OF HOSPITA	AL (If not in hospital, g	ve street	oddress)		d STREET A	DORESS					e IS RESI	DENCE
		OK INSTRUMENT	Riva Ma	ryla	nd								ON A FARM? YES Y NO	
		NAME OF DECEASED (Type or print)	Fin Cha	rles	Middle John		los Ha:	rms	4. DATE OF DEATH	July		3	y Y	958
	-	SEX	6. COLOR OR RACE	7. MAPO	HED NEVER MARRIED	8. 5	ATE OF BIRTH	1		9. AGE (In years	IF UNDE	RIYEAR	YEAR IF UNDER 24 HRS	
	1	1ale	White	WIDOWI		т.	ıly	18	880	7 doct birthdoy)	Months	Days	Hours	Min
	100	USUAL OCCUPATIO	N (Give kind of work d	lone 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPL	ACE (State	or foreign c	country)	12. C			COUNTRY
1	T	ool°& Di	ng life even if retired) Maker				Baltimore						.S.A	•
- )	13.	FATHER'S NAME				1	4. MOTHER'S							
			Carst n H	arms			He	nritt	a	(unknowr	1)			
			IN U. S. ARMED FORE		SOCIAL SECURITY NO.	17 INFO	RMANT			Addı				
		no				Cara	sten C	. Har	ms,	Riva,	LM			
				use per li	ne for (a), (b), and (c) ]							INTE	RVAL BET	TWEEN
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)		WEUMU	m)	119					3	181	4R5
J		サート	DUE TO											
		Conditions, if any, which } (b)												
		gove rise to in couse (o), stating t	amediote (							**				
	1,	lying couse last.	) (c)								-			
5005	CATION	AR!	TERIOS	hE	COTIC HE	AK	T . Z	DIS	EA-	SE CONDITION GIV	EN IN PA	RT 1(0)   I	PERFO	RMED?
	CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCC	URRED. (	inter noture o	finjury in I	Port I or Par	rt II of item 18 )			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	MEDICAL	20c TIME OF INJURY Hour o.m.	Manth, Doy, Yea	While		e. PLACE loctory	OF INJURY II	Home, form bldg., etc	, 20f (Cit	y or town)		(County)		(State)
		21 I cartify the	at 1 attended the	decens	ed from JAI	2/	1956	10 × Î	1/12	(Y 195)	that 1	lost to	w tha	decense
		alive on	2 JULY	ـ 12		eath o			1 M from	in the causes o				
			0 . /		100	/				Street, city or town,	Maje)	1110 00	DA	TE SIGNI
		ACTUAL	OHILA	EA)	ARRICA	-/	4/	Loc	11/11/	ale (	he	2	- 71	3/5
1		Ce		1	V /	m. u	1					,	9	-7
		PHYSICIAN'S NAME (Type)					U.	use	afell	les me	-			
	220	BURIAL, CREMATION REMOVAL (Specify)	7-7-58	F	Mt. Carme		REMATORY	/		TION (City, town, o	or county)		(Stote	+}
		FUNERAL DIRECTOR'S			ADDRESS			24n BEC'	D BY REGIS		STRAR'S S	IGNATU	RE	
				1217	St.Paul St	tree	t		D AT KEDIS			A	-	
		122200 001	, 21104					DATE .	7 - '58	( ) ( )	- Care	/		
										VV 17-3		Tall		



FOR STATE HEALTH DEPT.

delay is necessary, please funeral director. Page retained for your files. 10 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If an execute the certificate, withing the cord "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to 4 should be forwarded to the C. Medical Examiner's Office along with form PM3. Page 5 may TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with or its designated agent, prior to burial, cremation, or removal, and in any event within 2 haur, or

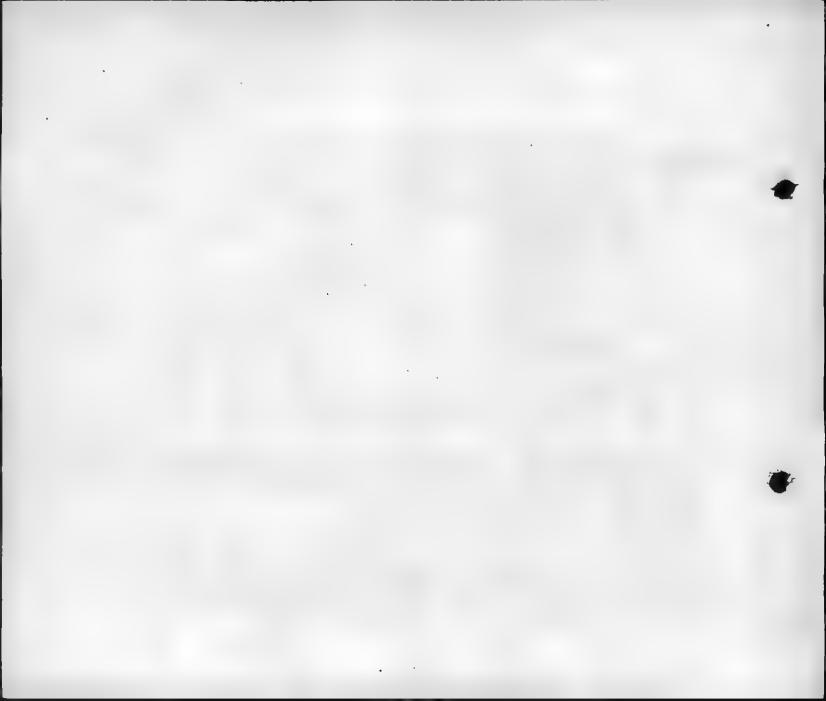
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₩5. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7530

07543 Reg. Dist. No.

1.	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where decrosed liver): If institution: Residence	before odmiss on)
	o. COUNTY ( Color OUNTY and MARYLAND O. STATE // WILL COUNTY a.G.	cumic
	b CITY OR TOWN If ourside corporate limits, write SURAL and go	vg peorest town)
X	Villatiation IIIa. VInnanctio Mount	aila
(I)	d NAME OF HOSEITUTION (If not in hospital, give street address)   d STREET ADDRESS /	O IS RESIDEN F
15	2.07 Chistich CEast Drait 207 Chestelle Cost Dri	YES NO NO
3.	3. NAME OF First Middle Lost 4 DATE Month	Doy Yeor
	OF DECEASED (Type or print) (LL) at ettle Hame)	9 1258
5.	5. SEX 6 OOTOR OR PACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In your log birthday)	The same of the same
	Female (al. WIDOWED   DIVORCED   4-28-1900 58 yrs Manths Do	ys Hours Min
10	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11x BIRTHPLACE (Stote or sgreign country)  12. CITIZE	N OF WHAT COUNTRY
	Househite Maryland 11.	SIA
13	13. FATHER'S NAME	
1.6	Com Hans Mary Ensley	
15	15 /WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 - INFORMANT / Address 17 yes no. or professional 1 (If yes give man are defend a service)	5 1 0 1
	110 Metitasiungoile 52	Show XA
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]	THE STATE OF THE S
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 14 ACCUSED TO THE STATE OF THE STAT	1 H
	443X DUE 10 /	africation Dr.
	Conditions, if ony, which) 161 4 161 161 16 16 16 16 16 16 16 16 16 16 1	and a
	gove rise to immediate cause (a), staling the underlying DUE TO	Marine Carl M. Squites
	couse lost. (c)	
3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II	a) 19, WAS AUTOPSY
CATION	<b>E S S S S S S S S S S</b>	PERFORMED?
FIFE	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enfor nature of injury in Port I or Port II of item 18.)	
2	CAUSE OF DEATH.	
MEDICAL	20c, TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or town) (County Hours)	(State)
MEC	Hour o. m. While Not white p. m. 19 of work of twork of two	
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	, ond in my
	opinian death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined ma	nner 🔲
	Larries Fring at 1 VIII about	DATE SIGNED
	SIGNATURE M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S	1/2// 22
	NAME (Type)  DEPUTY MEDICAL EXAMINER	
22	220. BURIAL, CREMATION 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY, 22d LOCATION (C ty. town, or country)	(Stole)
1	BUILTING 1-22-1958 Brewer Hall Munapolio III	A:
23	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  111 246 REC'D BY REGISTRAR / 246. REGISTRAR S SIGNI	dure.
11	Um selset 108 Washist Wir Mar. 1/ Ce DATE JUL 23 58 With edu	DO P



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07544

**CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) · COUNTY D. STATE **b.** COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ofiside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? MULAL YES NO NAME OF Middle First 4. DATE Month Day Year DECEASED DEATH (Type or print) 194 SEX AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Dovs Hours Min 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Doys WIDOWED A yrs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) WIF13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH | Enter only one couse per line or (a), (b), and INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** coese (o), stoting the underlying couse fost. COMS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DIS PART II. OTHER SIGNUICANT COND. SE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, a Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) ol work 🔲 of wa thatel attended the deceased from ... nat I last saw the deceased and that/death occurred at M, from the causes and on the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S MAME ([1760] BURIAL CREMATION, 225. DATE THEREOF 27c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 240. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b\_REGISTRAR'S SIGNATURE

DATE

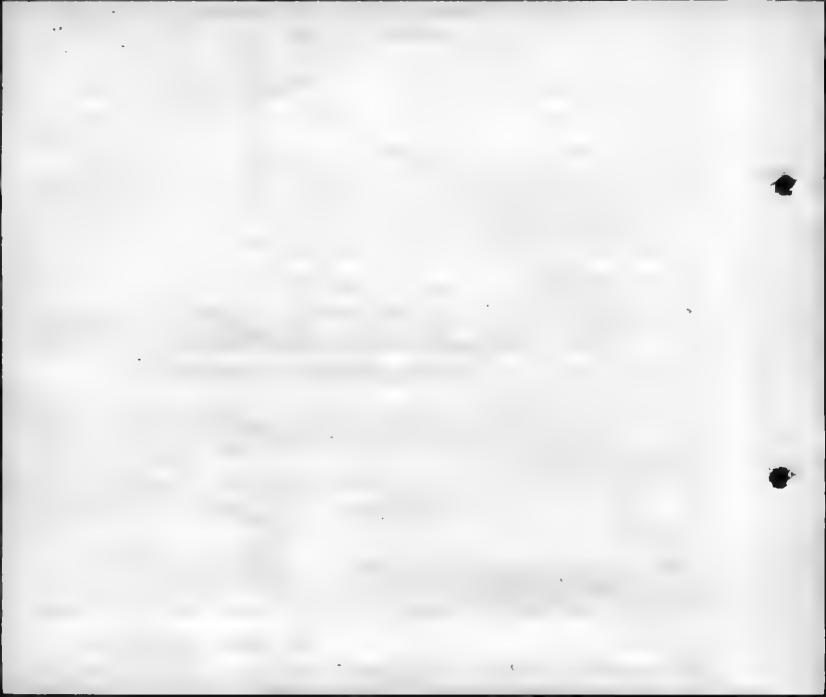
Glen Burnie

VS A15 (4) 15M 9/55

FUNERAL

3

HOSPITAL



Reg. Dist. No.

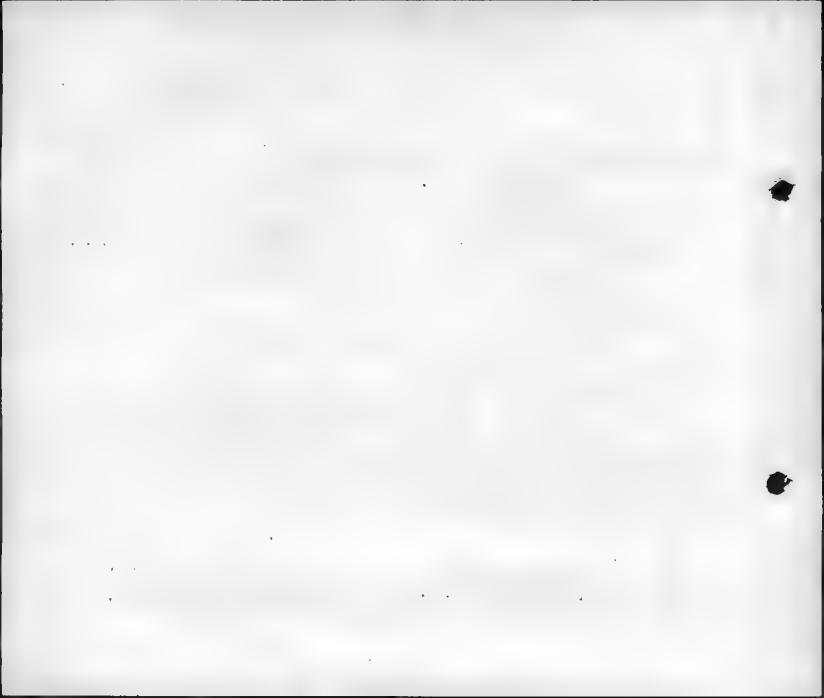
1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) ANNA Arundel Caroline MARYLAND Marvl and b CITY OR TOWN IIf outside carporate fimils, write C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give negres) town) CRURAL and give-pagrest town) 7 days Goldsboro d. NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS e. IS RESIDENCE ON A FARM? Crownsville State Hospital YES TO NO IT None NAME OF 4. DATE Month DECEASED 10 58 (Type or print) H. Henry DEATH Jomes 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HPS lost birthday) Months 1873 Days WIDOWED TI ? DIVORCED [ Male 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S.A. Maryl and? Farm Laborar None 13 FATHERS NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown move 15 WAS DECEASED EVER IN IL S. APMED FORCES? 16. SOCIAL SECURITY NO Address None Hospital Records Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hypostatic Pneumonia IMMEDIATE CAUSE (a) DUE TO Senility Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES NO TO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINERS MEDICAL 20c. TIME OF INJURY Year 204 INDURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) factory, street, affice bldg., etc.) Nat while ot work of work 🔲 21. I certify that I attended the deceased from that I last saw the deceased alive an 7/24 and that death accurred at 2:30 P.M., from the causes and on the date stated above ACTUAL Crownsville State Hospital, Md. PHYSICIAN'S Benedict. Crownsville State Hospital, Md. NAME (Type) രാ BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stole) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

director, filed

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HOSFILLA FUNERAL VS A15 (4)

DIRECT



MARYLAND

CHENGTH OF STAY IN 16

give street oddress)

e. IS RESIDENCE ON A FARM?

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission)

c. CITY Oil JOWN (If outside carporate limits, write RURAL and

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hauld	

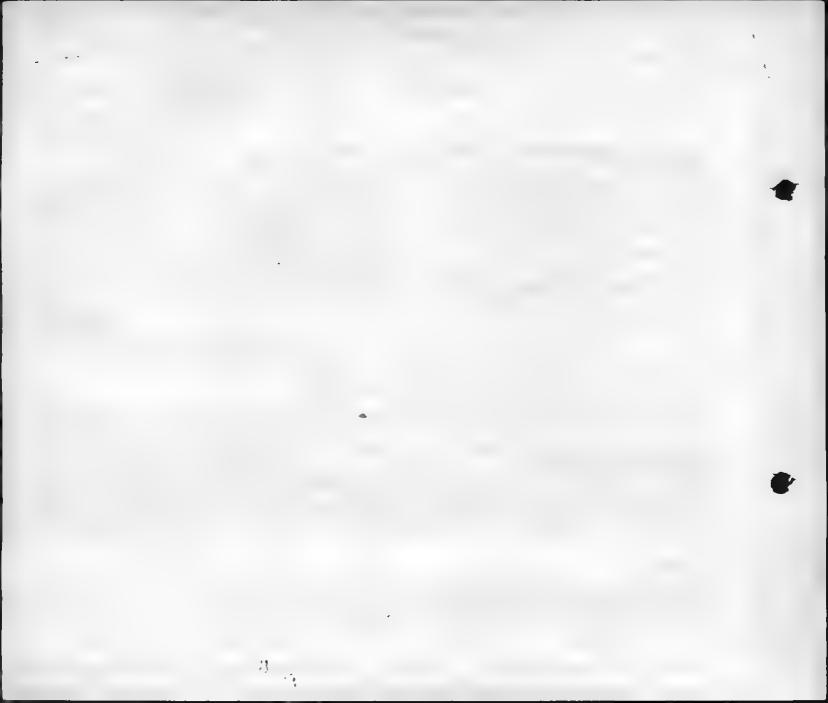
1. PLACE OF DEATH

OR INSTITUTION

b. CITY OK TOWN (If outside corporate limits, write

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dooth. Page

D D	12: Cl. Melleral Hospital		YES NO Z
s I an	3. NAME OF DECEASED (Type or print) 10 20 0 10 10 0 11	1 PL Court 4. DATE Month OF DEATH	Day Year 1958
3. Page	5 SEX 6 COLOR OF RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED D		YEAR IF UNDER 24 HRS
ond compared bon papers ar death.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN Byring most of working life, even if relired)	DUSTRY 11_BIRTHPLACE (State or foreign country) 12. CITIZ  Mayland 1	SIA.
re carbo	Thomas Holland	Elizabette Bres	ver
ing physic removing the removin	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, and transferring   (It yes, gave wor or dofes of service)   16. SOCIAL SECURITY NO.   17.   (It yes, gave wor or dofes of service)   16.   1	Edith Holland Witerbu	ry Md
ottend on pleas of within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)	of Theirona	ONSET AND DEATH
d by the	331X DUE TO Ceral	al Heronboys	contine.
n signer sit pert	gove rise to immediate couse (a), stating the under-lying couse lost.		
nas bee	CATIC	BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
the bu	OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18 )	
or use as	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e Hour e. m. 19 of work at work 1	PLACE OF INJURY (Home, form, 20f. (City or fawn) (Co foctory, street, effice bldg., etc.)	eunty) (State)
R: Affer oched fo buriol, c	21. I certify that aftended the deceased from 7	ath occurred at	ist saw the deceased above.
be deto	ACTUAL SIGNATURE OF COOLS	M.D. 6 2 Catherine (Street, city optown, store)	DATE SIGNED
UNERAL DI	PHYSICIAN'S A.T. ALLEN	Compres, my	
Page 3	BUNGER 7-15-1958 JOHN NO.	ley Churchem Nateroury	M &
(15 (4) 975S	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS WMIR-RESELT-108 Washelt- UNIV	and part 1 4 158 246 registran's sign	MATURE .
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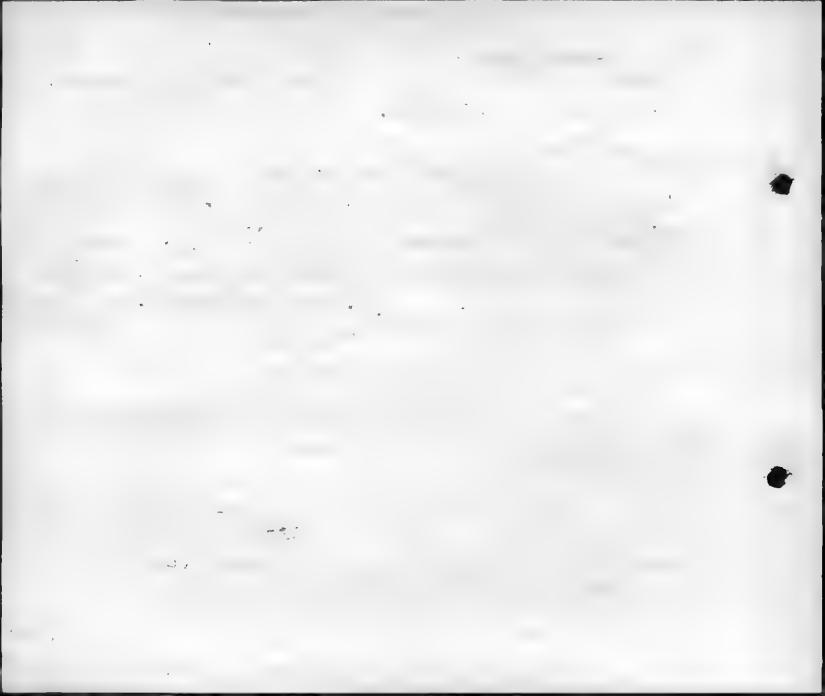


VS. A15

ļ	1013	Reg. Dist. No.
	1. PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED:
0	COUNTY AND ABUNDEL MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN	STATE FAINSYLVANIA COUNTY OR IT CITY (If outside corporate hmits, write RURAL and give nearest town) OR TOWN
	HOSPITAL OR INSTITUTION OR STREET ADDRESS  WF NDOVER	STREET (If rural give location)  ADDRESS  115 WEST & ++ A U.
	3. NAME OF DECEASED: (Type or Print)  5. SEX: 6. COLOR OR RACE: WIDOWED DIVORCED, WIDOWED DIVORCED, SPECITY:  10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): F. REMAN  13. FATHER'S NAME:  15. WAS DECEASED EVER IN U.S. ARMED FORCES / 16. SOCIAL SECURITY NO.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	JANDOVILE TO STATE OF WHAT COUNTRY?  11. MOTHER'S MAIDEN NAME:  UNKAOW M.  INFORMANT & ADDRESS:  WENDOVILE T
ollinio, promor mere	Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO  (b)  DUE TO	TORDON T SAVACE CREEK ROS  RIMERÍA BEACH, MD Interval Between Onset And Death 2 years,
We bearing a my	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street.	Yes No.
Trees Arres	SUICIDE OF office bidg., etc.)  IIOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?
to take the		5.1945, to . Law 1219 58, that I last saw the deceased 5.15 14, from the causes and on the date stated above.  BATE SIGNED  Received Beach Mul.
ë I	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  DATE REC'D BY LOCAL REGISTRAR  1 9 1958	RY OR CREMATORY LOCATION (City, 10wn, or county) (State)  114 C.P. M. YOR K. P.A.  124. FUNERAL DIRECTOR (15 7) ADDRESS AT ALL MANAGEMENTS (15 7) When It



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
X #		7573 CERTIFICATE OF DEATH	07548
H directo		ACE OF DEATH COUNTY COUNTY MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution Resident of STATE of COUNTY)  COUNTY  MARYLAND	ce before admission)
Funeral bould be			el Co. MD.
n by the		NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  NONE	e is résidence On a farm? Yes NO
ges 1 a	(T)	AME OF ECEASED Garden Howard OF DEATH July 2	Day Year
impletel pers Pog	5. SE	Male while widowed   Jeb. 6, 1886 of 1900y) Months	Doys Hours Min
and com	R	USUAL OCCUPATION (Give kind of work done to be sind of work done to be sind of working life, even if refired)  10 SIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (state or foreign country)  12 CIT	LAGOL
sician o ve carb rrs after	13 A	Ther's NAME  S. Howard 90 a Emelia 90	ston
n certifi ing phy se remo i 72 hou	15, W (Yes, n	VAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (If yes, give wer or dates of service) 3 MA Ware Would service (III)	as above
ne death an pleas at within	1	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) HEART WAS CAUSED BY IMMEDIATE CAUSE (b)	INTERVAL BETWEEN ONSET AND DEATH
d by the		Conditions, if ony, which (b) augina Pestorus	2 hrs.
require ian. in signe nsit per and in o		gove rise to immediate couse (a), stating the under-lying couse lest.  DUE TO  (c)	3
The law physic has bee rriof-tra maval,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
ding ding the but of re-	CER.	206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)  DR CONTRIBUTING CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)	
tal or this ir use or remation	MEDICA	Oc. TIME OF INJURY Month, Doy, Year Not white of m. 19 While Not white of work of work 19 Occurred the pm. 19 Occurred Not work 19 Occu	ounty) (State)
inding the hasbi the After ached fo wrial, c		21. I certify that I attended the deceased from 1990, to 1990, to 1990, that I alive on 1990, 1990, that I alive on 1990, 1990, to 1990, from the causes and on the	last saw the deceased
of by the RECTOR of the detection to the	A	ACTUAL CHOICE Servos MD. 1301 Macay Que -	MW - 7-23-5
retaine RAL DI shaufd shaufd	PN	HYSICIAN'S CHARLES JOHN DEMAS	1
poge 3	R	BURIAL SPECIFY JULY 2658 CEDAR HILL CEM; SUITLAND, Prince	Geo. Co., MD
VS A15 (4) 15M 10/57		Song Funeral Home, 1300 N St. N.W. Wash. D.C. DATE 111 2 4 '58	NATURE



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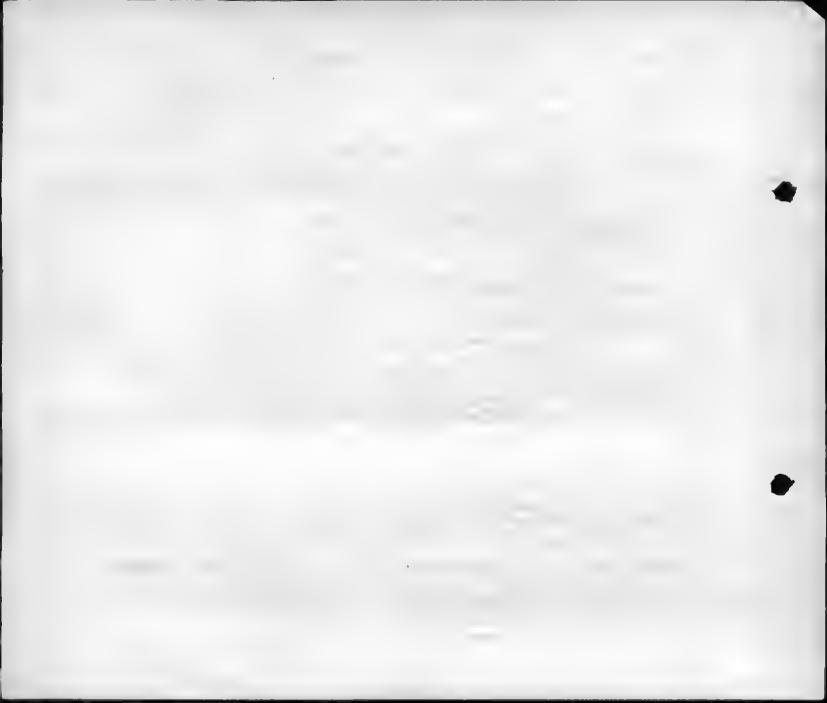
24b REGISTRAR'S SIGNATURE

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DATE JUL

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

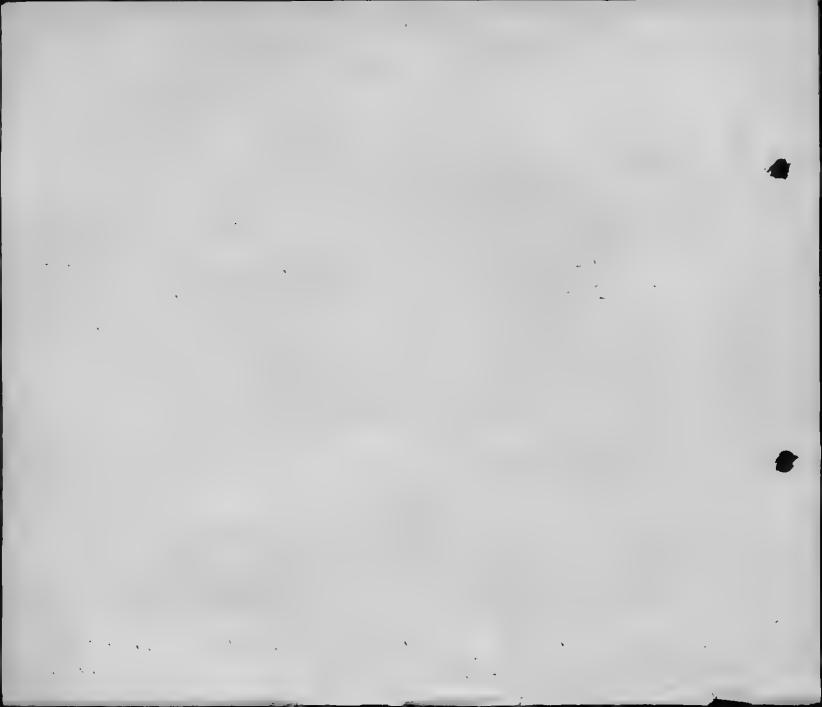


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giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No No 21a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 21c. (City or town) (County) (State) 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY HIGHUIF Y MA.CO. 21f. HOW DID INJURY OCCUR? (Hour) | 21e. INJURY OCCURRED 21d. TIME (Month) (Day) (Year) 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes [], Accident X, Suicide [], Homicide [], Undetermined cause [] CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION. DATE THEREOF REMOVAL (Specify) : DATE REC'D BY LOCAL

19 5 8

Ne M



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07551 CERTIFICATE OF DEATH Reg. Dist. No. with directa PLACE OF JEATH 2. USUAL RESIDENCE (Where deceased lived. If institution (Tesidence before admission) o. COUNTY filed b. COUNTY MARYLAND HRUNDE deoth. b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. JETY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be (URAL and give nearest lown) should SABO ADA havrs after d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? NERP YES NO NAME OF First Middle 4. DATE Day Year DECEASED 24 FORT DEATH (Type or print) Poges 3.4 IF UNDER I YEAR IF UNDER 24 HRS S SEX 6. COLOR QR RACE 7. MARRIED MINEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min DIVORCED [ 12 11 0 WIDOWED | papers. executed campl 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address nding CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4-20.1 **DUE TO** å Conditions, if ony, which gned gave rise to immediate **DUE TO** catse (a), stating the underlying cause last. burial-transit (c) PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part (I of item 18) cote 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) (County) (State) factory, street, affice bldg . etc.) q. m. While Not while at work O ol work D. m. 21. I certify that I attended the deceased from 1953, to\_< \_\_\_\_, 19\_2\_\_\_,that I last sow the deceased O FUNERAL DIRECTOR: A page 3 shauld be detach shauld be detach olive on\_. and that death occurred at \_\_\_\_\_\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL prior SIGNATURE HOSPITAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)

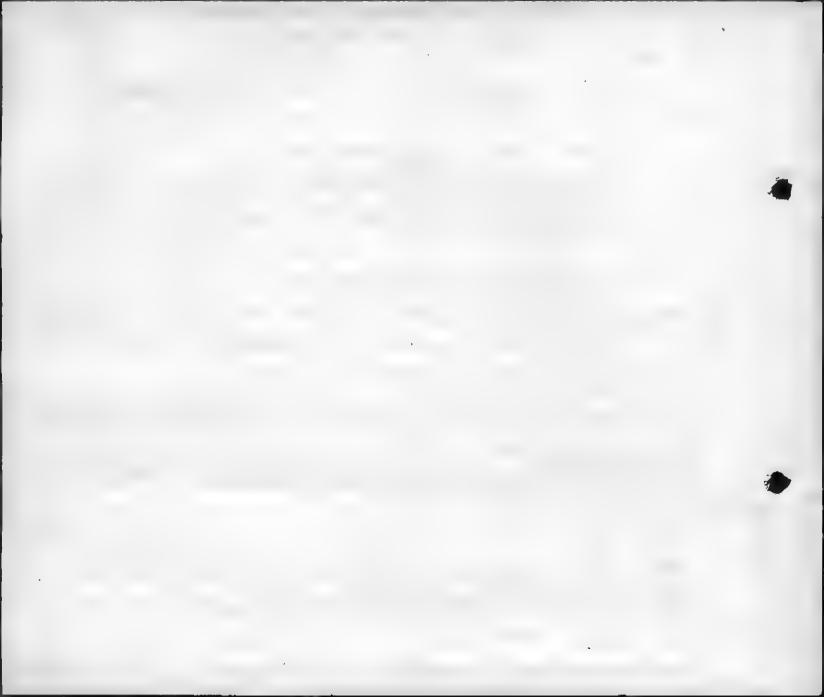
**ADDRESS** 

24a. REC'D BY REGISTRAR

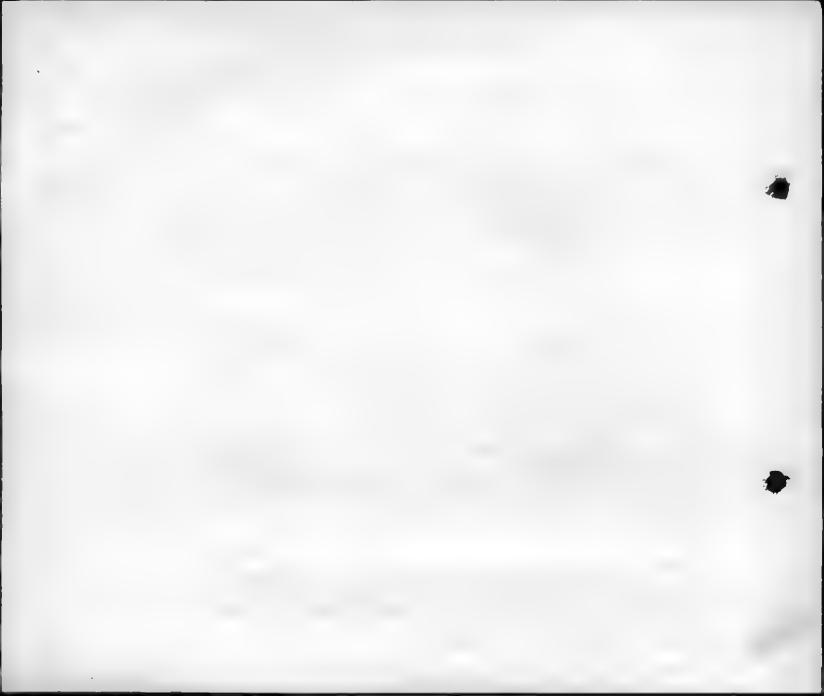
24b. REGISTRAR'S SIGNATURE

0 VS A1S (4) 15M 9/S5

28. FUNERAL DIRECTOR'S SIGNATURE-



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7534 CERTIFICATE OF DEATH Reg. Dist. No. director, filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived? If institutions-gesidence before admission) filed a COUNTY D STATE b. COUNT MARYLAND funeral b-CITY OR TOWN (if outside corporate limits, write: LENGTH OF STAY IN 16 CITY OR TOWN (If pulside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d NAME OF HOSPITAE (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION#/ ON A FARM? 25 Q YES TO NO M NAME OF ö Middle 4 DATE Month Day Year DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE NEVER MARRIED TAL В DATE OF BIRTH 9 AGE [In years IF UNDER I YEAR IF UNDER 24 HR lost birthday) Months Days Hours DIVORCED [ WIDOWED [ YTS. cample 100 USCAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11) BIRTHPLACE (Stote or foreign country) CITIZEN OF WHAT COUNTRY? and cam ban pap er death. during mast of working life, even if retired) 13. FATHER'S NAME A 14. MOTHER'S MAIDEN NAME in the 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** þ Canditions, if any, which B gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of univery in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Havr a.m. While Not while at work at wark p. m. 19.5%, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 1. M. from the causes and an the date stated above. alive on DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE FUNERAL DIR PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) poge the re (Specify 0 FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR JEGISTRAR'S SIGNATUR VS A15 (4) 15M 10/57



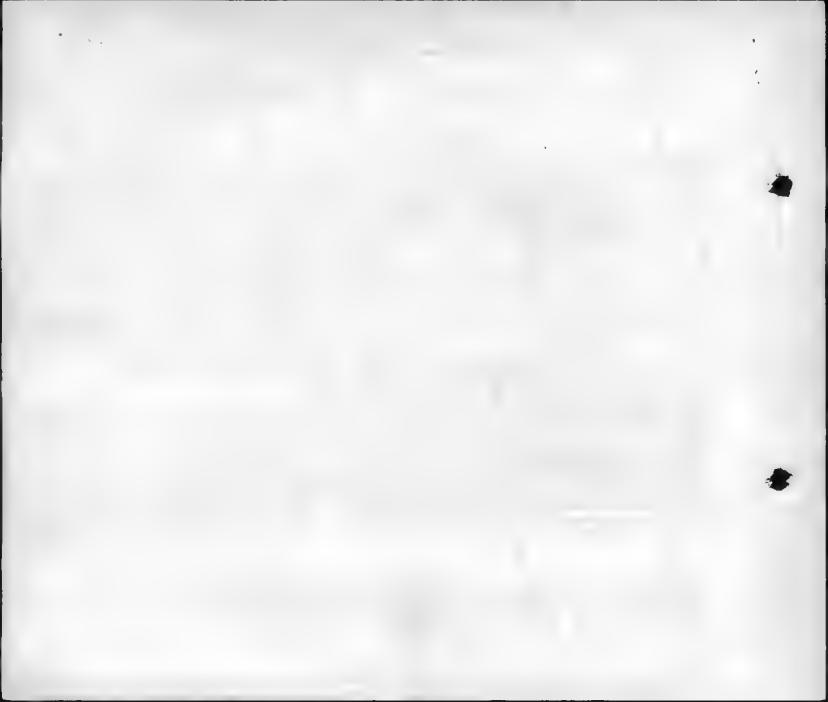
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07553

	7575 CERTIFICA	AIE OF DEATH	Reg. Dist	. Ne:
1	1. PLACE OF DEATH  COUNTY CLICAGUATY MARYLAND	2 USUAL RESIDENCE (Where deco	ceased lived. If institutions Residence	before odmission)
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lown).	c CITY Of TOWN (Il/outside	corporate limits, write RURAL and gi	ve nearest lawn)
	131010111000 Mas	Brownswo	TORMA.	
	PRINTING OF HOSPITAL (14 of in hospital give several address)  PRINTING OF HOSPITAL (14 of in hospital give several address)  PRINTING OF HOSPITAL (14 of in hospital give several address)  PRINTING OF HOSPITAL (14 of in hospital give several address)	d. Tyreet ADDRESS  AUGUST 14 By 3	1 anna.m	ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) ON	near 9. DE	ATH 7	Day Year 8 1958
	5. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH   - 18 - 1882	P. AGE (In years IF UNDER 1 Months E	YEAR IF UNDER 24 HRS. Days Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDL. Marking bife even it refired)  Reliable 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DSTRY 11. BIRTHPLACE (State or fore		EN OF WHAT COUNTRY?
/	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME Henret	ta Calho	un
	15. WAS DECEASED EVER IN V S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT TERMITE	Shuson Rt 4.	Bot 37 acristo
	18. CAUSE OF DEATH [Enter only one couse per line for (b), and (c).]	4.0		INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: 6 ANGLOW	(Tailure)		ONSET AND DEATH
	443 X DUE TO	0 . 0. 1	0	
	Conditions. if any, which ) (b) Assaulensmi +	Pardio Vegalle.	Hereno grade III	114
	gove rise to immediate cause (a), sloting the under-		· ·	
	lying cause lost. (c)			
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING   70b DESCRIBE HOW INJURY OCCURRY OR CONTRIBUTING   CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enler nature of injury in Part to	r Port II of item 18 )	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while of work of the control of the co	LACE OF INJURY (Home, form, 20f. octory, street, office bldg., etc.)	(City or Iown) (Co	ounty) (State)
	21. I certify that I attended the deceased from	1957 10 7/	8 1958 that I is	ast saw the deceased
	ative on, 1050, and that death		from the causes and on the	e date stated above.
1	SIGNATURE Therefore H. Johnson M.	MO 37 Colo	elet The	DATE SIGNED
/	PHYSICIAN'S NAME (Type)	anne	peli, per	
	220. BURIAL CREMATION. 276 DATE THEREOF PROMANE OF CEMETERY CORRECTORY OF COMMENTS OF CEMETERY CONTROL OF	OR CREMATORY 22dl	RESMOTE	m (State)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY RI		NATURE
	11m. Kursett 108 Wash St. 1 pr Mai	DATEJUL 1 4	158 alleane	h



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
7535 CERTIFICATE OF DEATH	Reg. Dist. No.

07554

1.	PLACE OF DEATH  a. COUNTY  A. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where decreased lived 1/2 institution Residence before admiss on)  a. STATE  TO MARYLAND  2 USUAL RESIDENCE (Where decreased lived 1/2 institution Residence before admiss on)  a. STATE  TO MARYLAND
7	b. CITY OF TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital) give street address) to d STREET ADDRESS OR INSTITUTION 3 7 Courset Street Bot 52 Waterbruy M. YES \( \) NO SO
3	NAME OF DECEASED (Type or print) Saft Nathaniel Middle Levils Loss 4. DATE OF DEATH 7 14 1858
	SEX ACE   COLOR OR RACE   7 MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthday)   Months Days Hours Min   WIDOWED   1-7-1910   48 yrs
C	o USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11 CERTIFICACE (State or foreign country).  12. CITIZEN OF WHAT COUNTRY?  While Bull Occupation is retired.  12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME GLOGE FORCES 14. MOTHER'S MAIDEN NAME FRANCES Ward
	WAS DECEASED EVER IN U S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address 220-09-2994 all Cembrail Jones Bot 52 Water Jones 18 220-09-2994 all Cembrail Jones Bot 52 Water Jones 18
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
	Conditions, if any, which gove rise to immediate couse (o), stoting the under:  [tying couse lost.]  Conditions, if any, which gove rise to immediate couse (o), stoting the under:  [tying couse lost.]
ATION	PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES [] NO []
CERTIFIC	20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Haur a. m.  While Not white at work a
	21. I certify that I attended the deceased from 6/10, 1956, to 7/14 1956, that I last saw the deceased alive an 7/14, 1956, and that death accurred at M, from the causes and an the date stated abave.  ACTUAL SIGNATURE Therefore Williams the M.D. 31 Estivet 5 1000.
	PHYSICIAN'S Dr THEODOREVH. Johnson americans
	BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY, 122d. LOCATION (City, Town, or county) . REMOVAL (Specify) 7-18-58 Panal Memorial Interpretation Matchille III
23	Mi Reesetti 108 Wash &t. Curra MC Date JUL 1 7 '58 Registrar's Signature



17 INFORMANT Address 218-14-6889 ves Mrs. Martha Utz. Hanover. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH SUCCES Cerebro-Vascular Accident (left) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 581.0 **DUE TO** Cirrhosis of the liver Conditions, if ony, which sev. Vrs. (b). gove rise to immediate **DUE TO** couse (o), stoling the under-

07555

Day

U.S.A.

\_(County)

12 CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE

ON A FARM?

YES NO

PERFORME D? YES NO.

(Stole)

Yeor

19 58

200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town)

Not while

While

of work of work p. m. 58, to July 27., 19.58, that I last saw the deceased 21. I certify that I attended the deceased from May 1,

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY

factory, street, office bldg., etc.)

and that death accurred at 1:30 PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE

Roderick Shipley NAME (Type)

22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 22d LOCATION (City, lown, or county) (Stole) BUTIATION Sacred Heart of Mary Dundalk

23. FUNERAUDIRECTOR'S SIGNATURE **ADDRESS** 24g REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATUR Glen Burnie.

0 VS A15 (4) 15M 10/57

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of director, filed with

funeral uld be fi

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lying couse last.

Hour 0. m.

9 20

offer death. Page



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE	7578 MEDICAL EXAMI	RERIS CERTIFICATE OF DEATH	18 07557 Reg. Dist. No.
HEALTH DEPT.	PLACE OF DEATH  COUNTY  Anne Arundel	2 USUAL RESIDENCE (Where deceased lived If institu	
S C S S S	b CITY OR TOWN (1 outside carporals limits with RUFAL c LENGTH OF STA		RURAL and give nearest town)
to see and the see	Frooklyn 7 weeks	Brooklyn_	
d re pard	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street add		e IS RES DENCE ON A FARM
in a de	5524 Patrick Henry Drive	Same	YES NO 💢
fun Are SIo er dea	3. NAME OF DECEASED   Name of De		oth. 1958
oy ith s of	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR	(out berthday)	Months Days Hours Min.
20 € 20 € 20 € 20 € 20 € 20 € 20 € 20 €	F WIDOWED DIVORCE  100. USUAL OCCUPATION (Give kind of work done) 100 KIND OF BUSINESS C		
Poge 1 and hin 72 in	Retired Hoursewife	Southampton, England.	British
T E SE SE	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
o E o E	TS WAS DECEASED EVER IN U. S. ARMED FORCES? To. SOCIAL SECURITY N	O. 17. INFORMANT Address	
	(Ves. ne. or unknown) (If yes. give wor or dates of service) None	Mrs.Irene Anderson(niece)sam	ne address.
g" in pencil in Item, I ominer's Office alang ss a burial-stansil per ian, ar removal, and i	18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions. If ony, which gove rise to immediate couse (o), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	Occlusion	Sudden
pendir col Ex ased cremot	CAN THE STATE OF T		PERFORMED?
rial, edi	E PRIMARY E or CONTRIBUTING E	URRED (Enter nature of injury in Part I or Part II of Item 18.)	
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while at work at work at work	20e PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldg., etc.)	(County) (State)
Pog Pri	21. 1 certify that I taak charge of the remains describ	ed abave, held an Autopsy 🔲, Inspection 🔼,	Inquiry 🔼 , and in my
ent,	opinion death resulted from: Natural causes 🔼, Ac	cident [], Suicide [], Homicide [], Undete	rmined manner 🔲
in ward	ACTUAL SIGNATURE Gustaal Africke	M.D CHIEF MEDICAL EXAMINER	DATE SIGNED
RAL De f	EXAMINER'S Gustave H. Faubert, M.D.	ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  7/10	7/58
AS A15ME	the state of the s	FTERY OR CREMAJORY  FOR PACKET 1240. REC'D BY REGISTRAR 246 PEGISTRAR 24	or county) (State) STRAR'S SIGNATURE LEGILLA



Charles R. Law, 802 Madison Avenue

VS A15 (4) 15M 10/57

Rea. Dist. No.

Anne Arundel

Day

IF UNDER I YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN II months

PERFORMED?

YES NO THE

(Stote)

12 CITIZEN OF WHAT COUNTRY?

Dovs

(County)

MARYLAND

JUL 3 0 '58

Lithat I last saw the deceased

(Stote)

T.S.A

Month

Address

7-28-58

Months

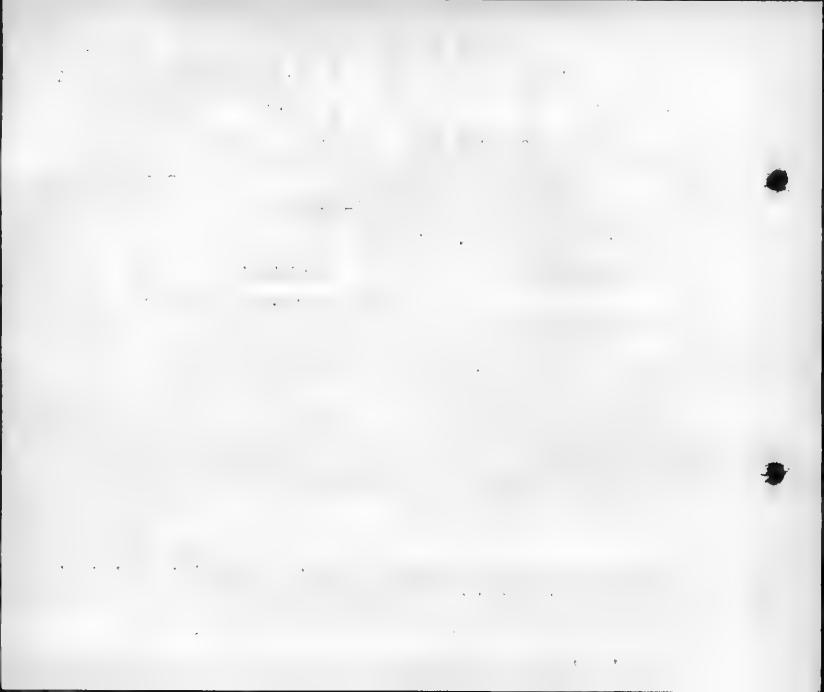
e IS RES DENCE

ON A FARM?

YES [] NO [

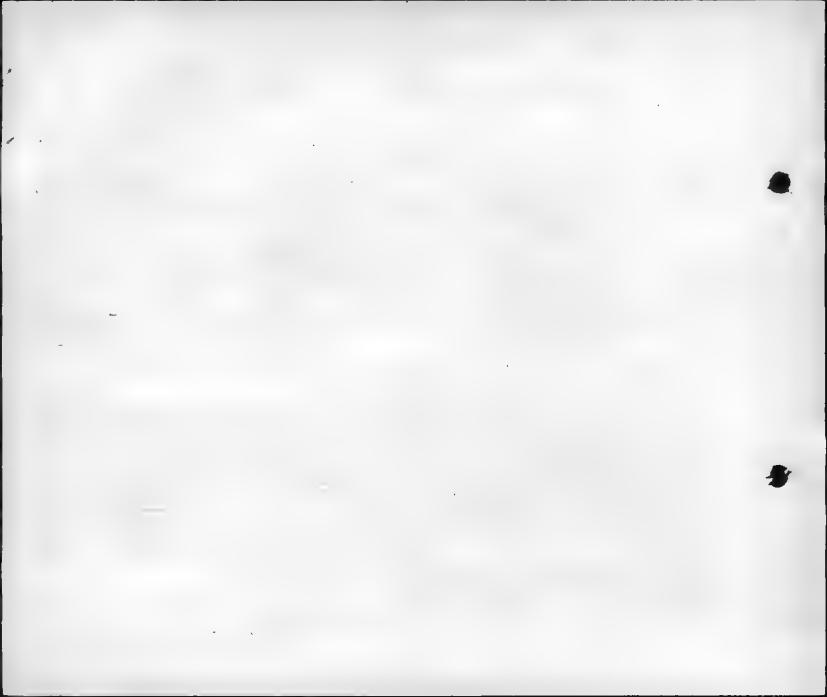
Year

19



**CERTIFICATE OF DEATH** Reg. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STAT b. COUNTY MARYLAND era b. CITY OR TOWN (If ourside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negresi town) 9 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 12 YES NO IX NAME OF Middle 4. DATE Month DECEASED (Type or print) TON 10-5 5. SEX 6. COLOR OR RACE AGE (In years loss-birthday) 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Months 18 DIVORCED WIDOWED X yrs. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, eyen if retired) ONO SUB 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physici WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSEY AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NO IX 700. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. Not while While 19 a. m. at work of work. 21. I certify that I attended the deceased from ...that I last saw the deceased and that death accurred fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE OR PHYSICIAN'S NAME [Type] may be r 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or county) (Stote) REMOVAL (Specify) 0 **ADDRESS** 24s. REC'D BY REGISTRAR 24b. REGISTRARYS SIGNATURE DATE 15M 9/55 Q

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

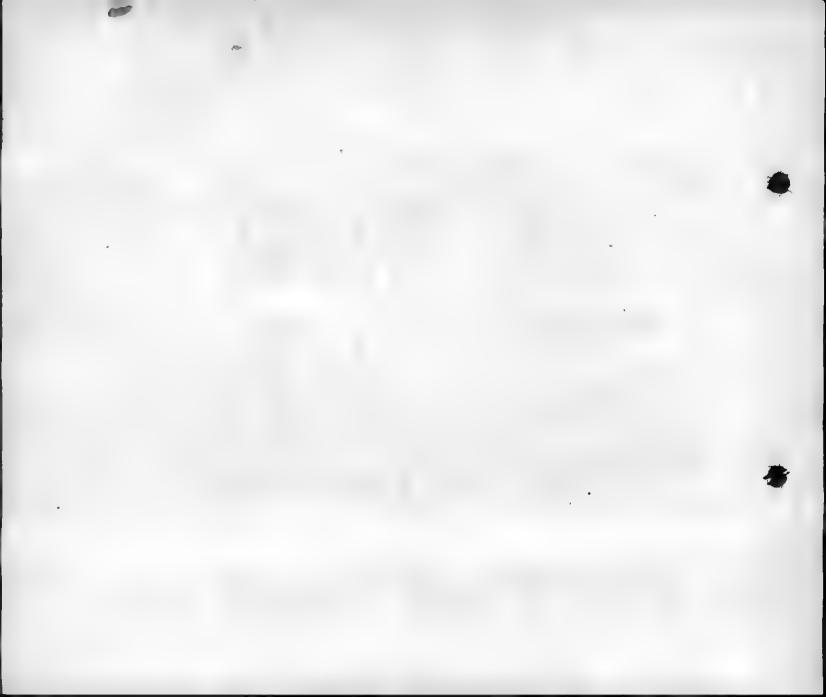


## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07560 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY o. STATELINE b COUNTY Same Anne Arundel MARYLAND 1 b. CITY OR TOWN (I outside corporate limits, write BullAt c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give regrest lown) Arnold 2 weeks Arnold d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) AL STREET ADDRESS w. La RESIDERACE ON A FARM? Old An apolis Rd. Same YES NO K 3. NAME OF 4 DATE Middle Lost Month Yeor DECEASED DEATH (Type or print) July 10 1958 Archibald Lourie 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED THE DATE OF BIRTH 9. AGE IN years IF UNDER TYPAR IF UNDER 24 HRS Months Days Hours WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA. Salesman of hydraulic equipments. West New York, 'ew Jersey. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Christina Urguhart Lawrence Lourie 15. WAS DECEASED EVER IN J. S. ARMED FORCES? IA. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no. or woknewn) (If yes, give wor or dates of terrica) Mrs. Susan Lourie (wife No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN SUCCEN Self inflicted wound to the head PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port L or Part H of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. Shot hinself through the mouth with a 12 gauge rifle 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 1 201, (City or town) Month, Day, Year 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) Not while of work of al work yo In the orchard Md . Arnold 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [X]. ond in my pirector; opinion death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined monner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S should FUNER NAME (Type) DEPUTY MEDICAL EXAMINER FI Gustave H. Faubert. 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d JOCATION (City, fown, or county) O ADDRESS FUNERAL D RECTOR'S SIGNATUR 24o, REC'D BY REGISTRAR 7245 A EGISTRAR'S SIGNATURE VS AISME 5M 2/57

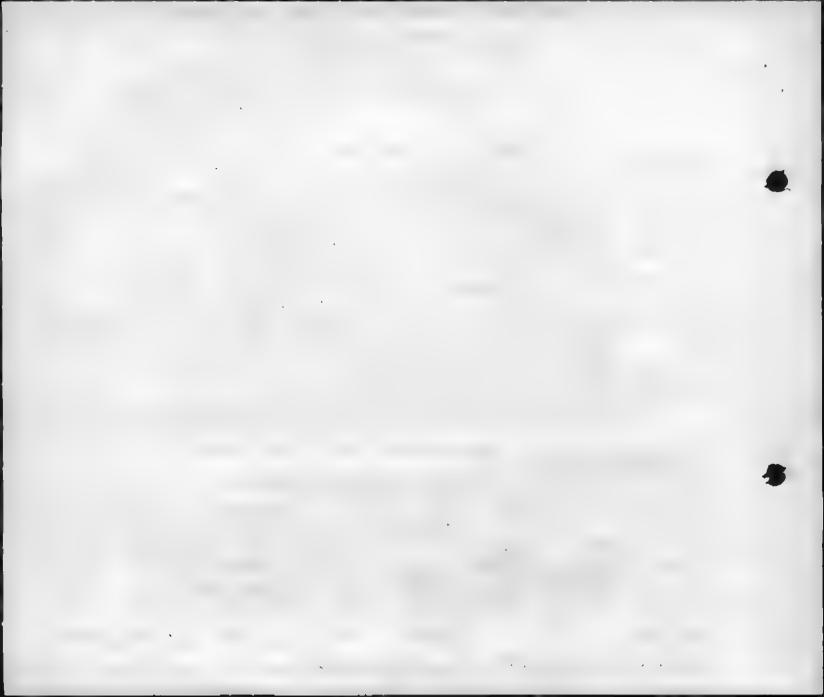


VS. A15ME 5M 2/57

	MARYL	LAND STATE DEPARTME	NT OF HEALTH	I-BALTIMORE	, 18	17561	
	ME DO ME	EDICAL EXAMINER'S	CERTIFICAT	E OF DEATH			
1.	PLACE OF DEATH	MARYLAND	e. STATE	here of ceosed lived. If ins			
	Anne Arundel  b. CITY OR TOWN (Il outside corporate traits with		C. CITY OF TOWN (III	outside corporete limits, we	rite RURAL and give as	poresi lown)	
	end give nearest town)	1 hour	Baltimore		5 V-1		
	Pasadena  NAME OF HOSPITAL OR INSTITUTION (		d. STREET ADDRESS	3	24	e. IS RESIDENCE	
	Stoney Creek, Off	Green Haven County F	eer. 1819 Be	elt Street.	w -,	YES NO	
3.		irst Middle		4. DATE Mo	onth Doy	Yeor	
		dred Magers		DEATH July 1'		1958	
5. 5	SEX 6 COLOR OR RACE	7 MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years last batchday)			
	M. W.	WIDOWED DIVORCED X	9/8/21	36 yı	Months Doys	Hours Min.	
10c	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	done 106. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stote of	or foreign country)	12 CITIZEN OF	WHAT COUNTRY	
	Sheet Metal Worke	TE O Y II O	Maryland		USA.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
	Charles F. Mage	rs	Edna May	Porter			
	WAS DECEASED EVER IN U.S. ARMED FO	DRCES? 16 SOCIAL SECURITY NO. 17. IN	FORMANT	Addr	P11		
_	Yes World War # 1	1 212-16-6395 018	rence E. Mag	ers.2307 Line	coln we	altimore	
	18. CAUSE OF DEATH   Enter only one con			7	TINTER	VAL BETWEEN T AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Accidental Drawn	ing			nebbu	
	/ of / / DUE TO						
	Conditions, if ony, which) (b)						
	gave rise to immediate cause (a), stating the underlying DUETO						
	couse fast.						
CERTIFICATION	PART II, OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	VALDISEASE CONDITION		PERFORMED?	
IFIC	200 EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING	06 DESCRIBE HOW INJURY OCCURRED (E	nter nature of injury in Port	or fort It of item (8.)		TO THO M	
CERY	PRIMARY 10 or CONTRIBUTING [] CAUSE OF DEATH.				and made are		
	20c. TIME OF INJURY Nouth, Doy, Ye	Dove off the Peer in	E OF INJURY (Home, form,	20f (City or fown)	(County)	Tiun.	
MEDICAL	Hour a.m. That	While Not while focto	ry, street, office bldg., etc.)			2.63	
2		e of the remains described above	oney Creek.	Green Have:		and in my	
		Natural causes . Accident 5			termined manner		
	17	. 6	Ŋ, Joicide □, i.	omiciae [], Olide	remined monne	, L.	
	ACTUAL SUSLEDE /	& Haulisting	M D. CHIEF MEDICAL EXA	AMINER		DATE SIGNED	
	44.11.170.2		ASSISTANT MEDICA	L EXAMINER			
	EXAMINER'S Gustave H.	Faubert, M.D.	DEPUTY MEDICAL E	KAMINER 🗵 7/	17/58		
270	BURIAL CREMATION 226 DATE THEREO			22d LOCATION (City, town	n, or county)	(S10fe)	
	BMRY1412**** 7-21-5	Baltimore Na	tional	Baltimore	4		
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246 RE	GISTRAR'S SIGNATUR	E	
N	illiam Gook, Inc.,	1217 St. Paul Str e	t DATE JI	IL 2 1 '58   CL	breduch		
				- August delay, mannet	and the same of th	-	



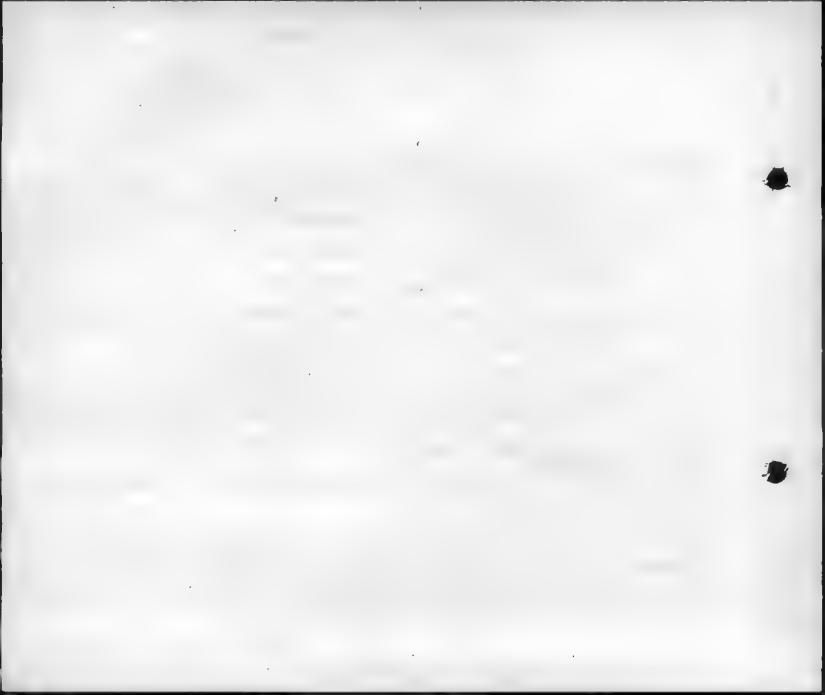
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07562 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution Residence before odmission) o COUNTY o. STATE filed **b.** COUNTY MARYLAND Anne Arundel Prince George Marvland deoth erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) plnoys Crownsville 7 m 4 d Uper Marlboro d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO! Crownsville State Hospital Rt. 2 Box 6 4. DATE Middle Month Year DECEASED OF DEATH (Type or print) Matthews 19 58 Ervil 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS B DATE OF BIRTH lost birthdoy) 52 yrs pletel Months Doys February 2. 1906 WIDOWED | DIVORCED [7] Mala Negro 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S. A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence Matthews Henrietta remove 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Hospital Records g No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN AND DEATH PART ! DEATH WAS CAUSED BY Hemangioblastoms of Cerebellum left side IMMEDIATE CAUSE (6) DUE TO 1. Brain Tumor Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19 WAS AUTOPSY PERFORMED? YES 🗷 NO 🗆 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY IHome, form, 20f (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) While Not while of work 19 58, that I last sow the deceased 21. I certify that I attended the deceased from and that death occurred at 4:30 Am, from the couses and on the date stated above. Crownsville State Hospital, Md. PHYSICIAN'S NAME (Type) Hildegard Reissmann, M. D. Crownsville State Hospital, Md. FUNERA oge 3 sh 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY pode 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 245 GEGISTRARES SIGNATURE 24a. REC'D BY RECASTRAL VS A15 (4) 1SM 10/57



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived of institution: Residence before admiss on) o. COUNTY a. STATE b. COUNTY b. CITY OR TOWN III odiside responde I mile. c, CITPYOR TOWN (At autside corporate/limits, write RURAL and give nearest town) 40 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) S RESIDER UI ON A FARM? YES 🗍 NO 🌠 3. NAME OF Middle DECEASED OF DEATH (Type or print) 19 5 8 9 AGE [In years COCOR OF MACE MARRIED A NEVER MARRIED IFUNDER TYPAR Months Doys Hours WIDOWED [ DIVORCED [ LISUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 3. FATHER'S NAME 16. SOCIAL SECURITY NO 17. NEORMANT INTERVAL PITWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DHF TO Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO L 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200. EXTERNAL-CAUSE WAS PRIMARY DE CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (State) factory, street, office bldg., etc.) of work of work 70 33: 11.00 21. I certify that I took charge of the remains described above, held on Autopsy [], Inspection [4] Thiguiry []. and in my opinion death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined monner ACTUAL **DATE SIGNED** CHIEF MEDICAL EXAMINER SIGNATURE L **EXAMINER'S** should FUNER DEPUTY MEDICAL EXAMINER IS NAME (Type) 220. PORIAL CREMAJIONY 226. DATE THEREOF 22c. MAINE OF CEMETERY OR CREMATORY 22d LOCATION (City/lown, or county) 9 ERAL DIRECTOR'S SIGNATURE 24n REC'D BY REGISTRAN 246 AGGISTRAR'S SIGNATURE VS. ATSME 5M 2/37



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
* **	2586 CERTIFICATE OF DEATH Reg. Dist. No. 07565
l director	1. PLACE OF DEATH a. COUNTY ANNE Availage MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY b. COUNTY
के देश कि	b. CITY OR TOWN (If outside carporate limits, write  RURAL and ause rearest town)  Taking a large town.
urs after de by the fun d 2 should	d NAME OF HOSPITAL (If not in hospital, grosstreet oddress)  OR JUSTITUTION  ON A FARM?, YES NO
24 hay	3. NAME OF DECEASED (Type or print) VIVAINIZ Dave Middle McMerson Death 7- 3- 5- 19
d within	5. SEX    6. QLOR OR RACE   7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH   9 AGE (in years lost birthdoy)   WIDOWED   DIVORCED   July 7   87   9   9   9   9   9   9   9   9   9
execute id camp n papel deoth.	10a. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 1. BRITHPLACE (Stote or foreign polytry)  12 CITIZEN OF WHAT COUNTRY:
cion an e corba s ofter	13 FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
certific ng physis r remove 72 hour	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Addless properties, gues wor or dates of service)
deoth please	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HC2 VT F3   LUV C
thot the the the the the the the the the th	Condition it can which Due to
n. signed b it permit	gove rise to immediate couse (o), stoting the under lying couse lost.  (b) OCTUTE COUSE (A)  (c) CTENEY 3 L 12 Ed A T T L T L T L T L T L T L T L T L T L
e law r shysicia as been ol-trans	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  OPTICAL TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NOTE:
AN: The Solution of remain	20g ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I of fort II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
I or out	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m., 19 While Not while of work of wor
hospito After If hed for riol, cre	21. I certify that I attended the deceased from 1956, 19 to July 3-, 195 that I last saw the deceased
ATTEN by the CCTOR: e detact or to bu	alive an 1932, and that death occurred at 130 M, fram the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  SIGNATURE
ration of etained AL DIRE hould by ror prior	PHYSICIAN'S Robert R. HAHIN. 2017-3-5
HOSPII may be r FUNER poge 3 s the regist	220 BURIAL CREMATION, 220. DATE THEREOF . 220 NAME OF CEMETERY OR CREMATORY 220 LOCATION (City, town, or county) (Stole)
2 5 2 0. ± VS A15 (4)	20 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  246 REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE  1111 7 58
15M 10/57	DATE DATE



e- C 804	CERTIFICATE	OF DEATH

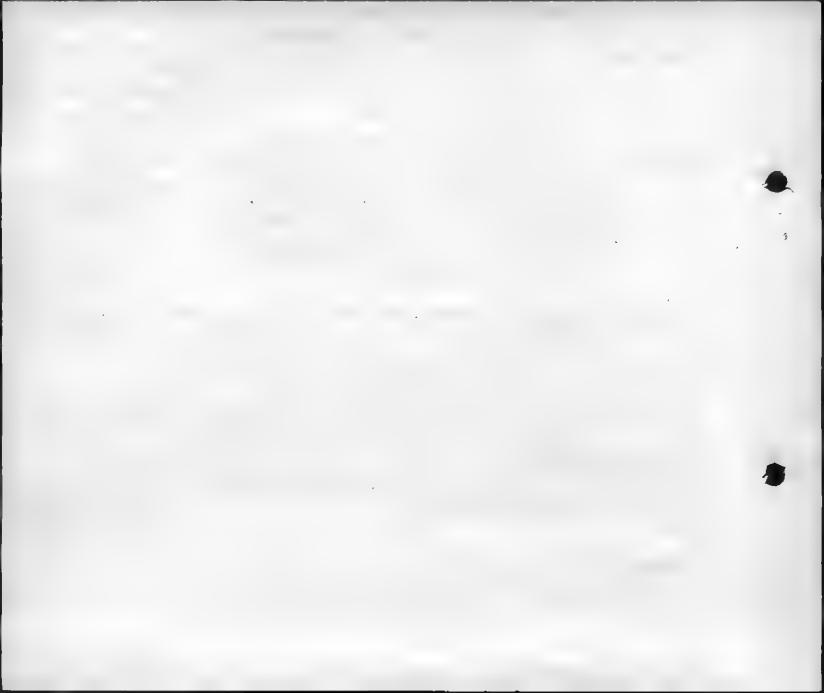
. 7587	CENTITION	TIE OF DEATH	Reg. Dit	t. No.
1. PLACE OF DEATH G. A.	MARYLAND	2 USUAL RESIDENCE (Where do STATE	eceased lived. If institution-Resident	before admission)
b CITY OR JOWN (If outside corporate limits, write RURAN pres give neares) town!	GTH OF STAY IN 16	c. CITY OR TOWN US outside	e corporate limits, write RURAL and g	ive negrest (own)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS	1013 AUS.	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) 27 ALY	Middle 000	e C	DATE Month 7 - 7 5	Doy 5 Feor
WIDOWED D	DIVORCED	B. DATE OF BIRTH	last birthdoy) Months	TYEAR IF UNDER 24 HRS Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most of working life, even if retired)	BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stote or for	reign country) 82. Citi	ZEN OF WHAT COUNTRY
13. FATHER'S NAME	King	14. MOTHER'S MAIDEN NAME	A. Sing	(00.6
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (1703, no or unknown) (17 yez, give wor or dales of service)	SECURITY NO. 17 II	NFORMANT	- G Address	m C.
18. CAUSE OF DEATH [Enter only one couse per time far (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	, .	" + Carles	at a a	INTERVAL BETWEEN ONSEJ AND DEATH
Conditions, if ony, which gave rise to immediate couse (a), stating the under-		5, 62.	£ > 10.	/ .us-
lying couse lost. (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED	JTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED? YES NO 🔀
OR CONTRIBUTING LI CAUSE OF DEATH	W INJURY OCCURRED	(Enter nature of injury in Part 1	ar Port II af ilem 1B.)	
	CCURRED 20e. PL/ 1 while fac work	ACE OF INJURY (Home, form, 20) lary, street, office bldg., etc.)	f (City or town) (C	ounty) (State)
21. I certify that, I attended the deceased from	n	19 4/ 0, to 1/	1. 1 / J / 19 that I l	ost saw the decease
alive on //> , 19 )	, and that death	accurred at M,	, from the causes and an th	
ACTUAL SIGNATURE ( L	cci j		ES\$ (Street, city or town, state)	DATE SIGNE
PHYSICIAN'S NAME (Type)				
220. BURIAL, CREMAT ON, 22b. DATE THEREOF 22c N/	AME OF CEMETERY OF	CREMATORY 22d.	LOCATION (City lown, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE AD	DRESS //	24g. REC'D BY F	REGISTRAR 24b. REGISTRAR'S SIG	NATURE

ad in by the funerol director, es 1 and 2 should be filed with 24 hours after death Page 🌶 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificum lie exeruted within may be retained by the hospital or canding physician.

TO FUNERAL DIRECTOR: After this canding physician signed by the otherding physician and campletely page 3 shauld be detached for use of the buriol-transit permit. Then please remaye carbon papers. Patha registror prior to burial, cremotian, or removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

M

I



FOR STATE HEALTH DEPT. N TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the CP Edical Examiner's Office along with form PM3. Page 5 may trained for your files.

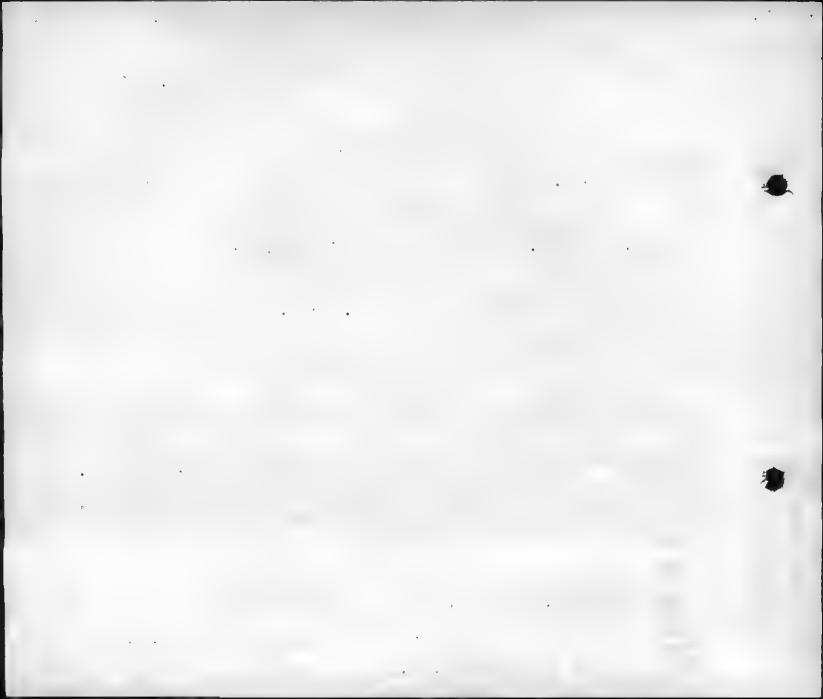
TO FUNERAL DIRECTOR: Page 3 stored be used as a burial-tragist permit. File pages 1 and 2 with the State Board of Health, at less good is designated agent, prior to burial, cremation, ar removal, and two years within 72 hours after death.

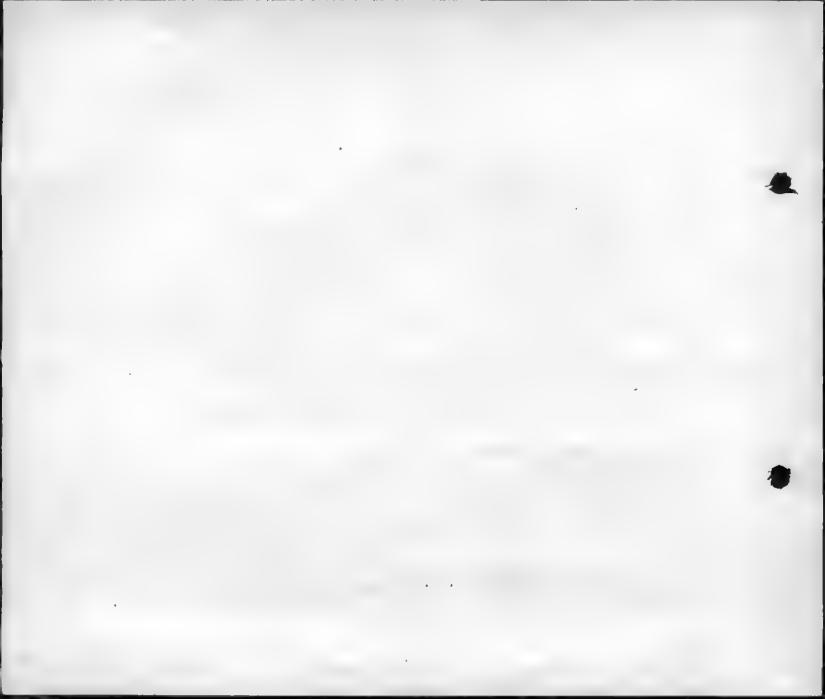
VS A15ME 8M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

B1.4	0	7	5	6	7

- 1								_	au -
	1. PLACE OF DEA	TH			UAL RESIDENCE (W	_			ore admission)
	44-14-14-14-14-14-14-14-14-14-14-14-14-1	e Arundel WN jif outs de cerporate finnts, wr		AARYLAND	ary.	J41	P. COUNTY		***
	and give rear	Ni jamu) LA Le ili goti qu cecharate zimisi' mi.			CITY OR TOWN (IF	outs de corpore	ole limils, write X	URAL ond give n	eoresi tawn)
	Arnold	OCRITAL OR INSTITUTION	7 hours		Same				Te ISREO . E
		,				20 Paul	2		ON FARM
	3 NAME OF		butary of Mago			39 Flout			YES NO 🖸
	DECEASED (Type or print)	Jesse J. 110	rgan		Lout	4. DATE OF DEATH	July 4th	1958	19 ~
	5. SEX	6. COLOR OF RACE	7. MARRIED 1 NEVER MA	RRIED B DATE C	OF BIRTH	9.	Book to select a 1		IF UNDER 24 HPS
	3.6	W	WIDOWED DIVOR	CED   8/1/	7/08		.9 yrs [	Months Days	Hours M'n.
	10a, USUAL OCCI	JPATION (Give kind of work working life, even if retired)	done 10b. KIND OF BUSINES	OR INDUSTRY 11,	BIRTHPLACE (State of	or foreign coun	ifry)	12. CITIZEN OF	WHAT COUNTRY?
		d fender man.	Auto		Charlotte	,™.C.		USA	le vende
	13. FATHER'S NA	ME		14. MC	THER'S MAIDEN N	AME			
	Drew M				?			many transports and transports	
	15. WAS DECEAS	ED EVER IN U.S. ARMED FC					Address		
	No		217-14-027	4   Mrs.	Mary E.	Morgan	(wife)		
)		•	use per line for (a), (b), and (c	- T				ONSE	T AND DEATH
	PAXI	. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Electroci	ition					udden
	414.	DUE TO							
		if any, which (b	<b>L</b>						
	(a), stating	the underlying DUE TO							
	cause last.	) (c	DITIONS CONTRIBUTING TO	Drayle Blig blog 861	TEO TO THE TERM	NAL DIESACS C	ALISITIAL CUE		
	PART OF DESCRIPTION O	, OTHER SIGNAPICANT COP	ADITIONS CONTRIBERING TO	DIAM BUT NOT SELA	THE TO THE TERMIN	NAL DISEASE C	ONDITION GIVE	` '	PERFORMED?
	20a, EXTERNA	or CONTRIBUTING []	06 DESCRIBE HOW INJURY O						
			Was drilling a	w				ric dril	1.
	20c. TIME OF		or 20d. INJURY OCCURRE While Not while	foctory, street	et, office bldg., etc.)			(County)	(Stote)
-		p. m. 7/4/58 19	at wark at work 2	Lake PL		-1	nold A	1.A. M	d.
		*	e of the remains descr		ld an Autopsy	/ 🔲, linsp	pectron 44,	Inquiry [4]	, and in my
	opinion d	eath resulted from:	Natural causes [].	Accident 🖺, 📑	Suicide 🔲, 🕒	tomicide [	], Undeterr	pined manne	r 🔲
		1. 1-	)XFaule	2000					DATE SIGNED
	SIGNATURE	Buspace	Maure		CHIEF MEDICAL EX				DAIL SIGNAL
	Et. America II	0 1 11 73	1 1 11 5		ASSISTANT MEDICA	_		~A	
	NAME (Type				DEPUTY MEDICAL E		= 1/4/5	) B	
	REMOVAL_(S			FMETERY OR CREMAT			N (City, lown, or		(State)
	Remeyal	July 6, 1	1958   Antoch ]	Baptist Cer			County,		
	HODD THO	CTO PS SIGNATURE	Jacan II		JU	L 7 '58	REGIST	RAR S SIGNATUR	1E
	HOPPING/	FUNERAL HOME	Annapolis, l	Md.	DATE		- Com	- coultr	





07569

						K-	ag. Dist. 140.	
1. PLACE OF DEATH	6 a Co		MARYLAND	2 USUAL RESIDENCE (W	here deceased lived	If institution	Residence before	re admission)
b CITY OR TOWN (II RURAL and give ne	f autside carporate limits,	write c. LENGTH OF	STAY IN 1b	E. CITY OR TOWN (IF	4 4	<u> </u>	AL and give nea	arest town)
			'	1205 L.C	entra C			
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give	street address)		d. STREET ADDRESS		ZV. <u>C.</u>		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	First	M	liddle	Lost	4. DATE	Month	Do	у Үеаг
DECEASED (Type or print)	Well		2	kenton	OF DEATH	7		1958
5. SEX Z	6. COLOR OR RACE 7	MARRIED NEVER M	ORCED	B. DATE OF BIRTH	9 AC	t birthday) M	UNDER LYEAR	Hours Min
10a USUN OCCUPATIO			4	6-12-1	866	92 m		
during mort of work	ON (Give kind of work daining life, even if retired)	ne 106. KIND OF BUSINE	ESS OK INDUS		or foreign country		12 CITIZEN O	F WHAT COUNTRYS
worlder	man	Colorge	every B		alley, N.	Y.	U5 6	<u> </u>
13. FATHER'S NAME	7			14. MOTHER'S MAIDEN	NAME			
knows	m Mi	curlos		marthe	- 131-	10-		
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE		Y NO 17 IN	FORMANT	`	Address		
	11 14, 940 -0 0 0000 0 10		- Pa	when her	Lon I	05 0	da un	e 6 66
	TH [Enter only one coust	a per line for (o), (b), one	d (c) b	Li Hoa	4 04	.0010	INTE	ERVAL BETWEEN
	TH WAS CAUSED BY IMMEDIATE CAUSE (0)_	(12/02103	screen	/10 //Can	-1 00 -	1 Cay c		werey you
4.20.0	DUE TO	*			-			110
Conditions, if ar								UV
gove tise to in								
lying couse lost.	(c)_							
PART IL OTH	ER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN	IN PART I(o) 1	9. WAS AUTOPSY
CAT								PERFORMED? YES NO []
U (IF EITHER, NOTIFY	S UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	IN DESCRIBE HOW INJU	RY OCCURRED	). (Enter noture of injury in	Part I or Part II of	item 18.)		
20c. TIME OF INJURY	Y Month, Day, Year	20d. INJURY OCCURRED	20e PLA	CE OF INJURY (Home, form	n. 20f (City or to	en)	(County)	(Stote)
20c. TIME OF INJURY Hour o. m. p. m.	19	While Not while at work	1 100	lory, street, office bldg , etc	:-}			
21 Leartific th	at I attended the d	eceased from Qu	(e.30)	10/57 1- 07	Terre 2.	2 10 57	L . A . B . E A	aw the deceased
	use 29	1258 16		9.10	2 to 5	-		
dive dil		, 1922, and p	that death	accurred at 7:/9!				te stated above
ACTUAL SIGNATURE	Conou f	Wadolsk	7	10. 2703 Ha	ADDRESS (Street, o	tily or lower state	fd	7-/-52
PHYSICIAN'S F	Iorian P	Nadolsk	4	Laurdo	THE I	Wol.		
220 BURIAL, CREMATION REMOVAL (Specify)	22b DATE THEREOF	58 1: +1/c	CEMETERY OR	Runal Cometer	228 LOCATION	City town, or co	Catt (	(Stote)
23 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	- In		D BY REGISTRAR	24b REGISTRA	AR'S SIGNATUR	E
Admin .	Tolar	- 2338 IJan	19.	5 3 4 2 6ATEU		000/	- 1	
THE PERSON NAMED IN		THE STATE OF THE S	7/14	- 77	- 10	PR P P R R		



1	Ιt	em 20 Fil. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		7536 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. NO 7570
MEALIN DEFI.	1	PLACE OF DEATH  O. COUNTY  O. STATE  O. STATE  O. COUNTY
Pogs es of th	_	HNNE ACUNDEL MARYLAND MARYLAND MARYLAND
東川田岩 / 1		c. CITY OR TOWN (If dutside corporate fimin, write RURAL and give nearest town)
of of the control of		HNNAPOLIS BALTIMORE 91 4
dur	<b>87</b>	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. 15 RES. DENCE ON A FARM?
rs red	4	NNE HRUNDEL GEN 2736 LAURETTA GUE YES NO 1
fund fund form feat	3,	NAME OF DECEASED First Middle Lost 4 DATE Month Day Year
2 20		(Type or print) DANY EL 1958
2 2 th 2 C	5, 5	log harbido) Hearth Down Harbido
5 mc 2 w 2 w 2 w 2 w 2 w 2 w 2 w 2 w 2 w 2		TACE COISE (WIDOWED ) DIVORCED 1 2/20/02 36 75
ge nd		1. USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR INDUSTRY 17 BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY?
1. 2. d	إد	YAUFFEUR YAPER MANUFACT. MALTO MI) U.S.A
D SEI SE	13.	FATHER'S NAME
50 RE		JANIEL NURRIS DUMETURDIN
The second second		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 JAPONMANT Address
15 15 15 15 15 15 15 15 15 15 15 15 15 1		No \$15-01-2961 Glades Norm 2) 36 Gourston
With a second of the second of		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]
Item In partie		PART I DEATH WAS CAUSED BY:
ons on second		X '\ / ) Y DUE TO
e Straigh		Conditions, if any, which) (b)
d b pris puris or r		gove rise to immediate couse ( (a), stating the underlying DUETO
havi		couse last. (c)
France of as	Q.	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
fico bear sol 8	5	YES 🗍 NO 🔣
d : di	CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY Der CONTRIBUTING D  ROOT CONTRIBUTING D
in the state of th		CAUSE OF DEATH.
1 4 4 5 0 P	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (State)  Hour Xaxii (Not white Not white foctory, street, office bldg, etc.)
Ne se	MEE	1:10 pm 7/13/58 19 of work of work water Chesaneake Bay Anne Arundel
Pog Pri		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
ent.		op'nion deoth resulted from. Natural causes . Accident . Suicide . Hamicide . Undelermined manner
AL CTO		
DE PER PER PER PER PER PER PER PER PER PE		SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
ME Con		ASSISTANT MEDICAL EXAMINER
GERA desi		EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER   7-21-58
HANDER ST.	220	HIR AL CREMATION 226 DATE THEREOF, 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
0 9 4 0 9	1	DURIAL 7/23/58 MIT CALVARY DROOKLYD A.A.CO MI)
VS A15ME	23	ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE
5M 2/57		Marchael F House GSN. GLASR SVI DATE JUL 21 58 C. 200
	-	

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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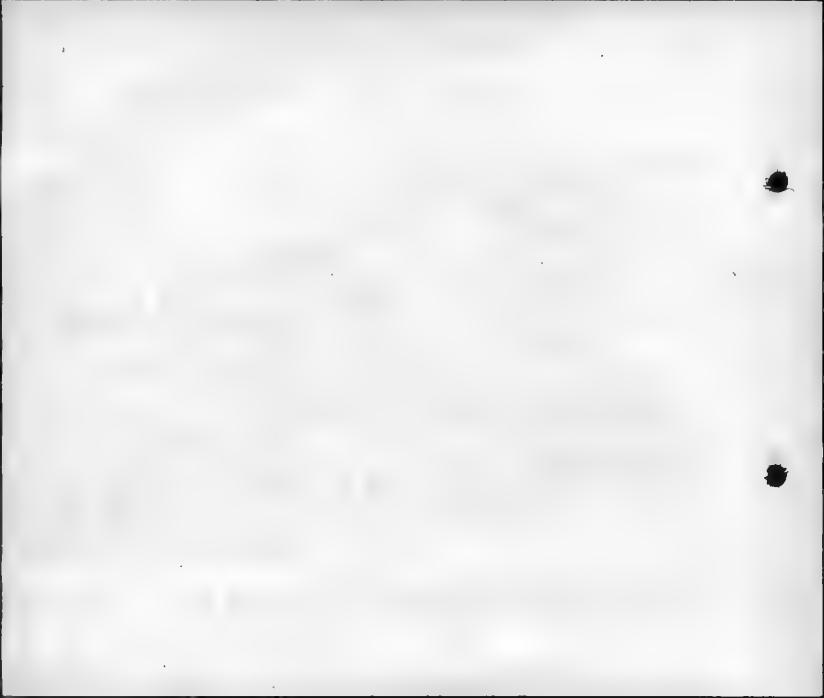
				Reg. Dist. No.
PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Wh		ution Residence befare admission)
AA	MARYLAND	MD	b. COUN	44
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporate limits, writ	RURAL and give nearest town)
Clan BURNIE		XGhn Bu.	2nie	
d. NAME OF HOSPITAL (If not in haspital, give street or OR INSTITUTION    N. M. & Low B		1 d STREET ADDRESS	adow DR	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle	Last	4 DATE N	lanth Day Year
(Type or print) Helen	Ruey	PORSTHANN	OF DEATH	7 26 1958
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In year	
/ W WIDOWER	DIVORCED [	MAY 29-19	lost birthday	The state of the s
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDE		or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY
140 25 2 w f 4		MD.		usa
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME	
John Englanth		Kate	NAPP	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	A	ddress
140 -	_	FAMILY		Same.
18. CAUSE OF DEATH [Enter only one cause per line	e far (a), (b), and (c).]	(80	( Eurion )	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	orinara a	iters de	e.eur.	ONSET AND DEATH
420.1 DUE TO	. 1			*
Conditions, if ony, which ) [6]	has Rivery	un lain	4 - raci	direce
gave rise to immediate Course (a), stating the under-	10			
lying couse last. (c)	V -			
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	
PART II. OTHER SIGNIFICANT CONDITIONS CO				PERFORMED?
20g, ACCIDENT WAS UNDERLYING TO 20b, DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	art I or Part II of item 18 )	
		LACE OF INJURY (Hame, form, sciency, street, affice bldg., etc.	20f. (City or tawn)	(County) (State)
Havr o.m.  P. m.  19  While al work	Nat while of wark	relary, inter, allies blog., erc.	<u>'</u>	
21. I certify that I ettended the decease	ed from F4%	. 1943, 10	Frelix 26, 19 5	that I last saw the deceased
glive on fully 75, 12	் 8 , and that deat		2	and on the date stated above
63	1 ' +		ADDRESS (Street, city or tov	
SIGNATURE FALLACIONAL	exclir	M.D. 3020	Wareco	av
			00	
PHYSICIAN'S NAME (Type)	STER		Balto	23 /nx 6
22a BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, faw	n, ar county) (Stole)
Beneral 19-29-58	Glen IV	aren	6/on Be	unic MO
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	#13	SISTRAR'S SIGNATURE
Mc Cully to nevel Nones.	130 € Gor	DAJEL !	2 9 158	exust.

d in by the funeral director, is 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar offerding physician.

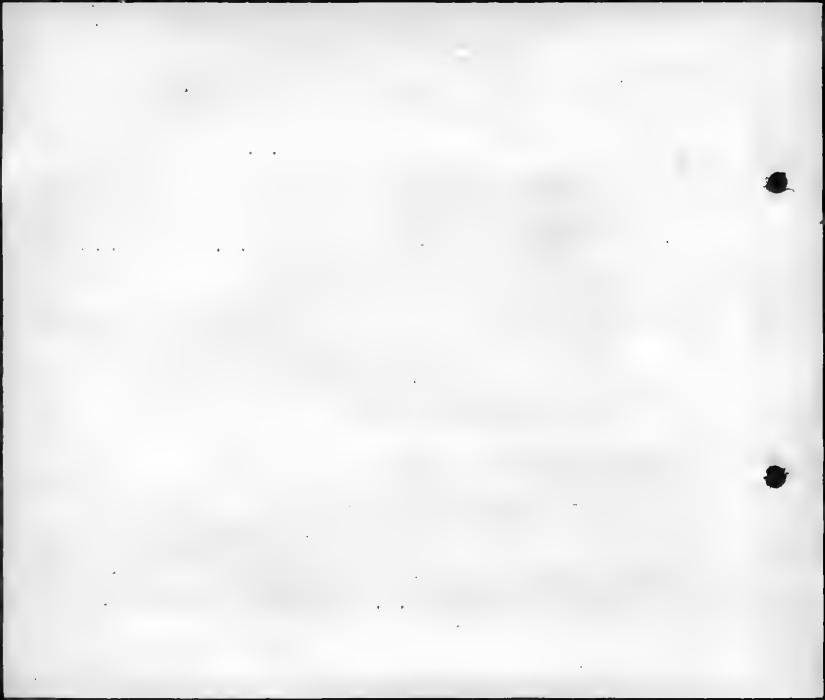
TO FUNERAL DIRECTOR: After this complete has been signed by the attending physician and campletely page 3 shauld be detached for use completely proper 3 shauld be detached for use completely the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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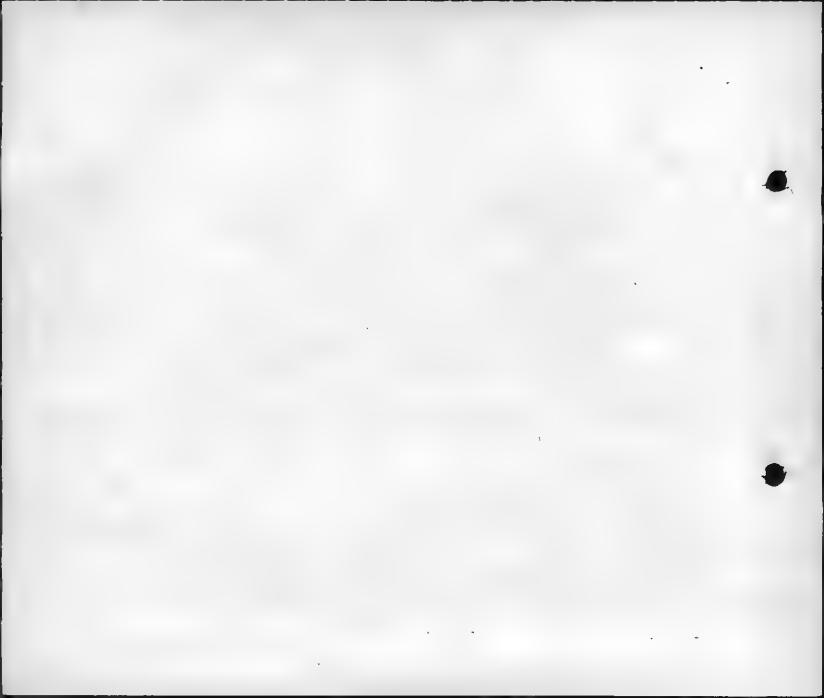
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**MOSHITAL** 



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND AYLAND death. uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 2 RURAL and give negrest town) TO FREEN AVEN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF Middle Lost 4. DATE DECEASED OF DEATH (Type or print) 14-DRED 19.58 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED T DIVORCED [ 52 yrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ban pap er death. during most of working life, even if retired) HOME 4013EMAKER 3. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT GREEN HAUT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO EROSIS Conditions, if ony, which gave rise to immediate **DUE TO** cottse (a), stating the underlying couse lost. PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? FONIC RONCHITIS YES INO P 20g ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) Day. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m. Not while at work at work p. m. 1)ULY 8 1958 that I last saw the deceased 21. I certify that I attended the deceased from MAY 55%, and that death accurred at 12:45 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) MAEN AIRUS 0 FUNERAL DIRECTOR'S SEGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. FEGISTRAL'S SIGNATURE 15M 9/SS



# FOR STATE HEALTH DEPT.

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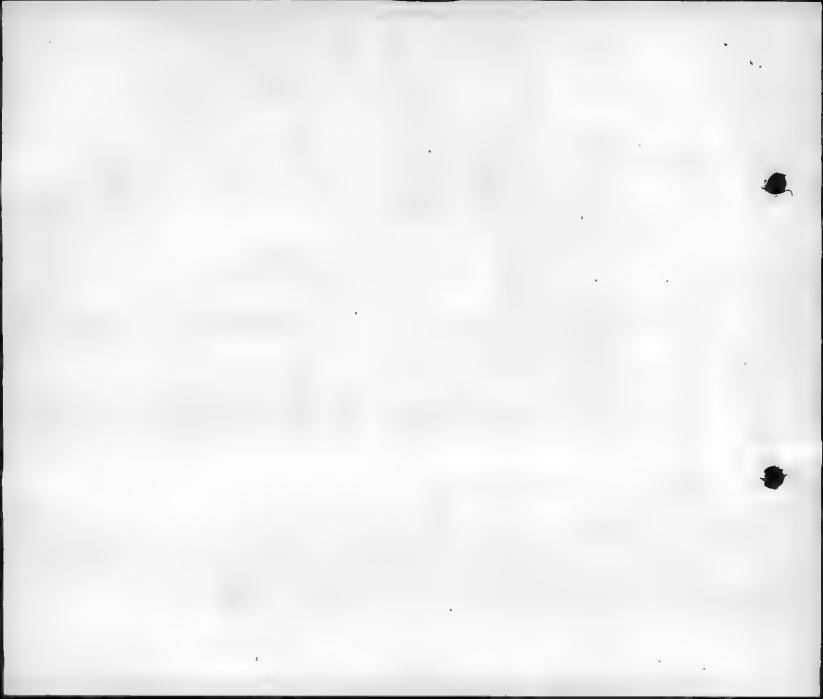
TO MEDUTY HELICAL EXTAMPLES: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the discount of "pending" in pending 18. Give Pages 1, 2, and 3 to refune of director. Page 4 should be forwarded to the Classificate Examiner's Office along with form PMS. Page 5 may foined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with its State Board of Health, or its designated agent, prior to buriol, cremotion, or removal, and in any pressite that 72 hours after death

WS AISME BM 2/57

MA	RYLAND ST	ATE DEPARTME	NI OF HEALTH-	-RALHWORE,	18
7594	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	Reg. Di 07.57

* PLACE OF DEATH Anne Arundel	MARYLAND	2 USUAL RESIDENCE (Where decease of STATE MARY Land	ed lived. If institution Resid b. COUNTY	lence before odnission)
b CITY OR TOWN (If outs de corporate lire is, write RUR and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp		, ,
Pasadena	7 days	Baltimore	3 V 0 1.	<i>U</i>
d. NAME OF HOSPITAL OR INSTITUTION (15 no	Ein hospitol, give street oddress)	d STREET ADDRESS		IS RES DENCE ON A FARMA
Weedon's Restaurant, Mt.	Pleasant,	5520 Rubin Avenu	e	YES NO
3. NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month	Day Year
(Type or print) Invin Foser		DEATH	July 10 19	958 19
5. SEX 6 COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	DATE OF BIRTH	Lead booth day b	TYEAR IF UNDER 24 HPS
M W W	DOWED DIVORCED	5/13/11	47 yrs. Months	Days Hours Min
100, USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	106 KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stole or foreign or	ountry) 12 CIT	IZEN OF WHAT COUNTRY?
Clothing Cutter		Baltimore, Md.		USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		·
Morris Posenfeld		Mary Fleischman	1	
15. WAS DECEASED EVER IN U. S. ARMED FORCES	? 16. SOCIAL SECURITY NO 17. IN	IFORMANT	Address	
Army II world War		r.Earle Rosenfeld	(brother)	
18 CAUSE OF DEATH   Enter only one couse p	er line for (a), (b), and (c). ]			INTERVAL BET VEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Coronary Occlu	sion		Sudden
DUE TO				
Conditions, if any, which gove rise to immediate couse (e), stating the underlying Couse test. (c)				
PART II. OTHER SIGNIFICANT CONDITION  TO BE TO BE TO BE THE SIGNIFICANT CONDITION  TO BE TO BE TO BE THE SIGNIFICANT CONDITION  TO BE TO BE TO BE THE SIGNIFICANT CONDITION  TO BE TO BE THE SIGNIFICANT CONDITION  TO BE TO BE TO BE THE SIGNIFICANT CONDITION  TO BE TO BE TO BE THE SIGNIFICANT CONDITION  TO BE TO B	Blandon Mr. Angel way A			PERFORMEDS YES NO [5]
	ESCRIBE HOW INJURY OCCURRED (E	nter nature of injury in Part I or Fart II	of item 18 )	
20c, TIME OF INJURY Month, Doy, Year Hour e, m, p, m, 19	20d. INJURY OCCURRED   20e PLAC   While   Not while   foctor work   of work	CE OF INJURY (Home, form, 201. (City ory, street, office bldg., etc.)	or town) (Co	ounly) (Slote)
21. I certify that I taok charge of	the remains described abo	ve, held an Autopsy 🔲, 🛭 In	ispection X. Inqui	ry X, and in my
opinian death resulted from: Nat	ural causes 🗓 . Accident [	, Suicide , Hamicide	. Undetermined	manner
( 1 1 1 × 21	5 , 8			
SIGNATURE SUSCASE 16	Lucher Mb	M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
		ASSISTANT MEDICAL EXAMINE	R 🗀	
NAME (Type) GustavaH. Faub	ert.M.D.	DEPUTY MEDICAL EXAMINER	7/10/58	
270 BURIAL, CREMATION, 22b. DATE THEREOF PREMOVAL (Specific 7-1/-	8 Perrug	CREMATORY 27d. LOCAT	TION (City, lown, or county)	(Stole)
Jach. Lewis Suc	2100 Guton	PL 246. REC'D BY REGIST	.   0 /	GNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7537 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) n COUNTY O STATE filed b. COUNTY MARYI AMB c. CITY ON TOWN (If outside corporate limits, write RURAL and give nearest town) b. CJPN-OR TOWN (If outside cornorate limits, write & LENGTH OF STAY IN 16 RURAL and give nearest/town) d. NAME OF HOSPITAL IIF not in haspital, give street address). d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM YES T NO 3. NAME OF Middle DAT Year DECEASED (Type or print) DEATH 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 17 IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 8. DATE OF BIRTH AGE (In years lost birthday) Months Days Hours DIVORCED WIDOWED [7] 105. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRMARLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRYS grang most of working life, even if retired) TOULAR 13. FADRER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ddress 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH 亩 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO à Canditions, if ony, which E signed gove rise to immediate **DUE TO** 5 cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🖂 NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY 20d. INTURY OCCURRED 20e. PLACE OF INJURY I'Home, form. 20f. (City or town) Day, Year (County) (State) factory, street, affice bldg., etc. 6. m. While Not white al work at work p. m. 21. I certify that I attended the deceased from 20. that I last saw the deceased glive on and that death accurred at fram the causes and on the date stated above. DIRECTOR ADDRESS (Street, city or town, state) det ACTUAL prior plue PHYSICIAN'S NAME (Type) FUNER/ സ BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 27d. MCCATION (City, fawn, or county) REMOVAL (Specify) O 23/TUNERAL DIRECTOR'S SIGNATURE 24b JEGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 9/55



be filed funeral should physici guip aftend ā þ Ē gned ate ha PHYSICIAN: b DIRECTOR det þe prior shauld HOSPITAL FUNER (7) 0 VS A1S (4) 15M 9/55

with

O COUNTY

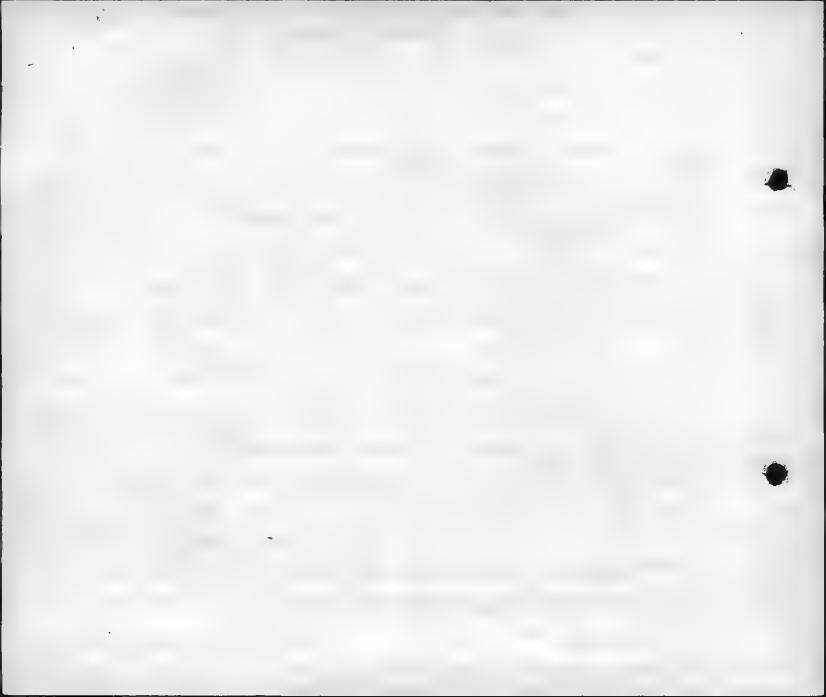
NAME OF

DECEASED

(Type or print)

alive an.

ACTUAL



VS A15 (4) 15M 10/57 K

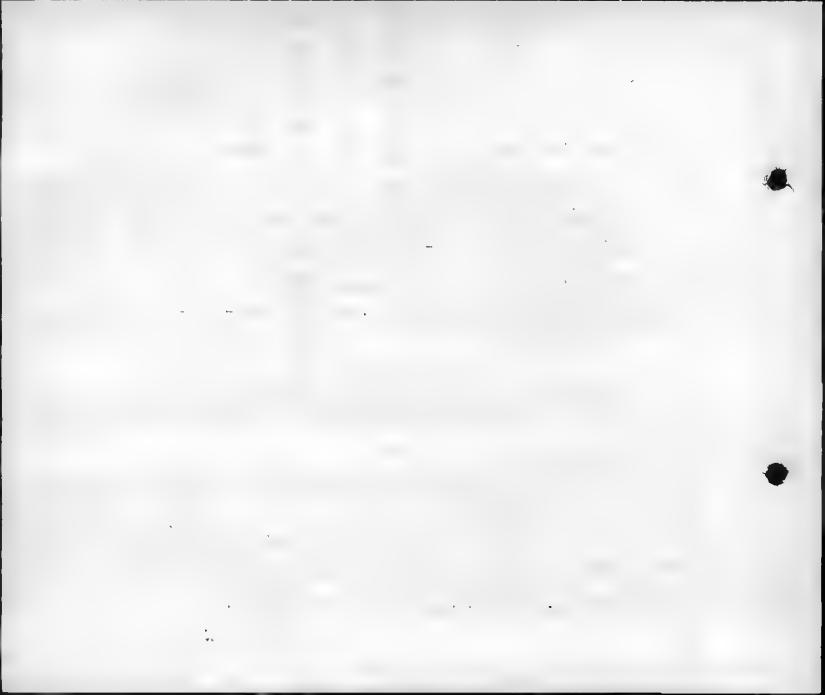
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7538 CERTIFICATE OF DEATH

Reg. Dist. No.

07577

								Kug. Dist.	No.
PLACE OF DEATH		MARY		o. STATE		re deceased li	ved II institution	an Residence	before admission)
	Arundel			Mary			Anne	Arunde	
b City OR TOWN (If a RURAL and give near	utside carporate fimils, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If ou	itside corporat	e limits, write R	URAL and giv	e negrest tawn)
Annap				, an	napol	İs			
	(If not in hospital, give street	address)		d STREET AL	DDRESS				e. IS RESIDENC
	onduit Street			127 0	ondud:	t Stree	at.		ON A FARM
NAME OF	First	Middle		Last		4. DATE		-	
DECEASED (Type or print)	WILLIAM	TILGHMAN	SCI	BI.E		OF DEATH	JULY	m 24	Day Year 19 5
SEX (a		IED NEVER MARRIE		. DATE OF BIRTH		9	AGE Illa veors		YEAR IF UNDER 24 H
Male	White woow			Februar			last birthday) 78 yrs.	Months D	ays Hours Mil
O USUAL OCCUPATION	(Give kind of work done 10b.		R INDUST					12 CITIZI	EN OF WHAT COUN
during most of working	g life, even if retired)								
Reti:	rea	clerk-Dr	ug st				Mary land	1	USA
				14. MOTHER'S					
	am T. Scible				ma Sm	ith			
S. WAS DECEASED EVER 1	N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	. 17, IN	FORMANT			Addi	ress	
no	no	13-34-3381	7 Mrs	Mary Mary	L. Sc	ible -	Wife-	same as	3 # 2
	[Enter only one cause per la	ne far (o), (b), and (c)	]						INTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:	50000	14	O Por	12/201	12/12/2	1		ONSET AND DEAT
1141 X	DUE TO								
Conditions, if any,	which )								
gave rise to imn				·					
tying cause lost.	under-								
	) (c)			101 001 1700 70					
PART II OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEA	VIH BOILV	NOT RELATED TO	THE TERMIN	NAL DISEASE C	ONDITION GIV	'EN IN PART 1	PERFORMED?
-71015K	10-XXEXO,	IC Hi	7.17	17.50	7.5E				YES NO
200. ACCIDENT WAS I OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	CAUSE OF DEATH	CRIBE HOW INJURY OF	CCURRED.	. (Enter nature of	injury in Po	art I ar Part II	af ilem 18 )		
20c. TIME OF INJURY Haur a. m.	Month, Day, Year 20d, It	NJURY OCCURRED	20e. PLAC	CE OF INJURY IN	lame, farm,	20f. (City or	(own)	ICo:	unly) (Sid
Haur a.m.	While	Nat while		ary, street, affice				(00)	omy; (on
	ai wai		1			1			
21. I certify that	I aftended the deceas	, ,	-			7 77	12, 195	that I la	st saw the dece
alive on 35	19.2	and that	death (	occurred at.	5 1º/	M, from 1	he causes o	ind on the	date stated ab
	/	,		13			t city or town,		DATE SIG
ACTUAL EC	dward S. Beck		A4	IN E B	11111	14/1	1. 766	2	19 11
				C integrated	ما 12 عبيق بيروك 1942.	-d/	Kan françoi Aria Aria Had	***********	p-fi-fi-5p-fi
PHYSICIAN'S NAME (Type) 표권 :	unnd C Book	M D		Carr	theat.	a A ***	Ammon	14- 1	fame Famel
O BURIAL, CREMATION,	22b DATE THEREOF	22c. NAME OF CEME	TERY OF		<del></del>		N (City, town, o		laryland
REMOVAL (Specify)		1							(State)
Burlal	July 28,58	Cedar Blu	off.C				olis, Ma		
FUNERAL DIRECTOR'S		ADDRESS			246 REC'D	BY REGISTRA	R 246 REGY	TRAR'S SIGN	
TOPPING FUNE	RAL HOME-ADM	apolis. Ma	ry]ar	nd	DATEUL	7 9 ,28	CO.	-educe	Α,



ADDRES:

240 REC'D BY REGISTRAR

DATE

24b REGISTRAR'S SIGNATURE

o VS A15 (4) 15M 10/57

**SUNERAL DIRECTOR'S SIGNATURE** 

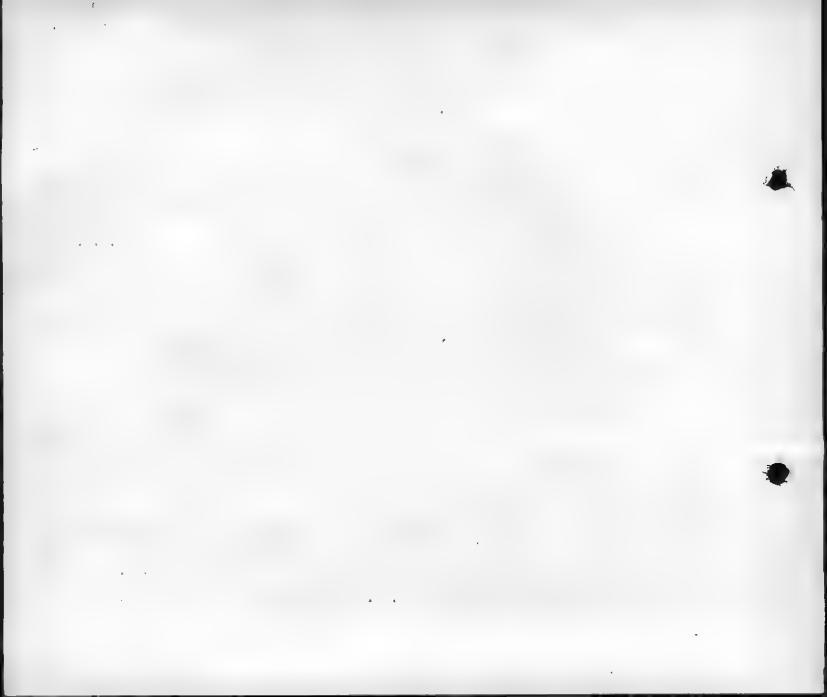
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DIRECTOR:

director

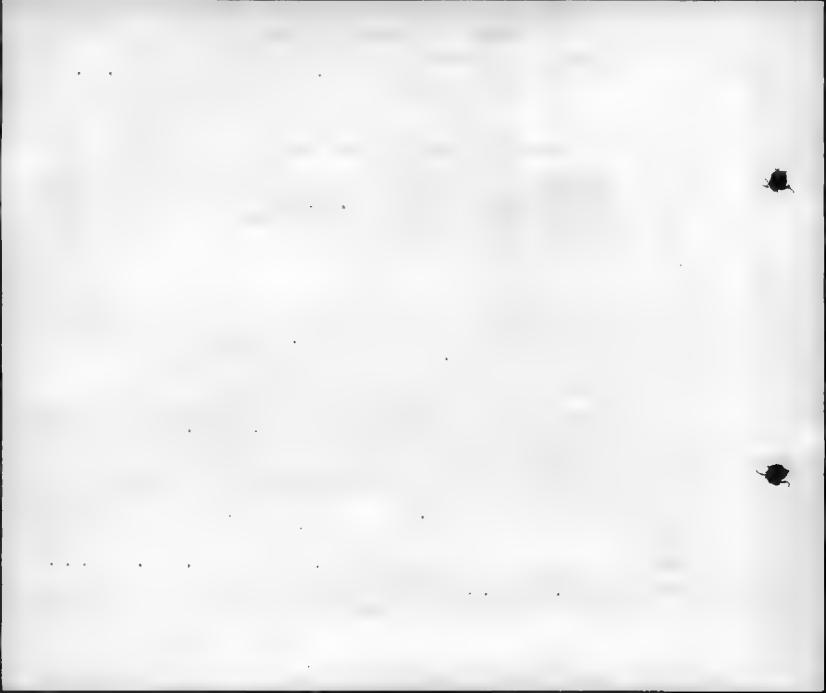
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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	ANDEDAN
* > 200		07580
Poge National Poge	1. PLACE OF DEATH. Place Manor Nursing Home 2 USUAL RESIDENCE (Where deceased lived If institution Reside COUNTY Ann Arundel MARYLAND 1208 TE. Hoffman St. b. COUNTY Bal	to. Md.
erol be	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fawn)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)	give nearest town)
fun fun	Glen Burnie Paltimore City	, 6-9
14 14 14 14 14 14 14 14 14 14 14 14 14 1	d NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
n by	Plaza Manor Nursing Home	YES NO
0 24 h	3 NAME OF DECEASED (Type or print) Olivia Sheldon Middle Lost 4. DATE OF DEATH July 31, 19	58 19
Pog	lost birthday) stanta	R T YEAR IF UNDER 24 HRS
mple naple		
te be execution and con corporate paper offer death.	DOINESTIC	ITIZEN OF WHAT COUNTR
icion o corbi	Thomas T. Preston Finale Peters	
physici physici physici phoury houry	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  Address  17 or unknown)   18 yes give wor or dates of service)	
ting se r	Mdrew meston	
deo len vithi	The CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]  PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN
the or hen hen	IMMEDIATE CAUSE (c) Chonic brain syndrome, asso. With sentile brain	32
by the	DUE TO disease.	13 months
any any	Canditions, if any, which agave rise to immediate DUE TO	
of in Security	lying couse lost.	
sicio neen rons L. or	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS AUTOPSY
phy phy os b iol-t iovo	Nontoxic nodular goiter, hypothyroidism due to unknown cause.	YES NO E
AN: Ti	20a. ACC DENT WAS UNDERLYING CONCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II af Hem 18.)  CONCONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSICI or or o	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur o. m. 19   At wark   of	(County) (State)
Spirer for from for the		last saw the decease
NDII B ho chec urial	alive an July 27, 1958, and that death occurred at 4:30 PM, from the causes and an	the date stated above
TTE TOR	ADDRESS (Street, city or lown, state)	DATE SIGNE
REC REC rior	SIGNATURE James 711. Sun 400 N. Carrollton Ave. Balto. 2	3, Md.8.1.58
retaine (ALD) (hould trar pr	PHYSICIAN'S James M. Pair, M.D.	
OSPI be 3 c 3 regis	22d BURIAL, CREMATION, 27b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town or county)	(State)
D HOS moy b poge the ree	Buria Sung. 1958 Private While Have	n Ind
VS A15 (4)	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REGISTRAR 240, REGISTRAR'S SI	GNATURE
15M 10/57	(. attenutight of 100 Edmondoon autority of 47. 15988 MANES	uch



15M 9/SS



07582

e IS RESIDENCE ON A FARM?

Day

16

Days

U.S.

YES NO TO

Year

10

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES X NO

(Stote)

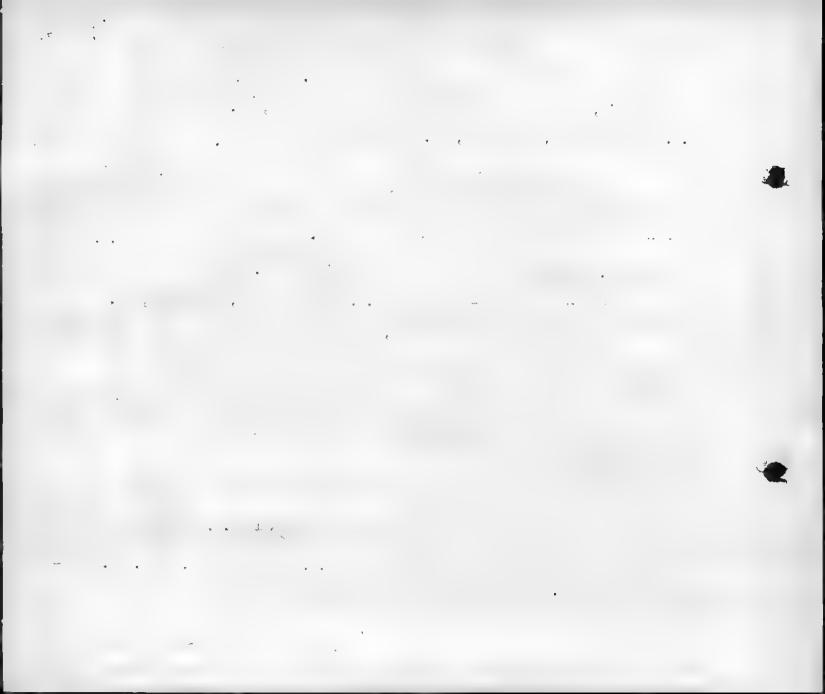
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24 hours ofter death. within certificote

PHYSICIAN:

15M 9/55



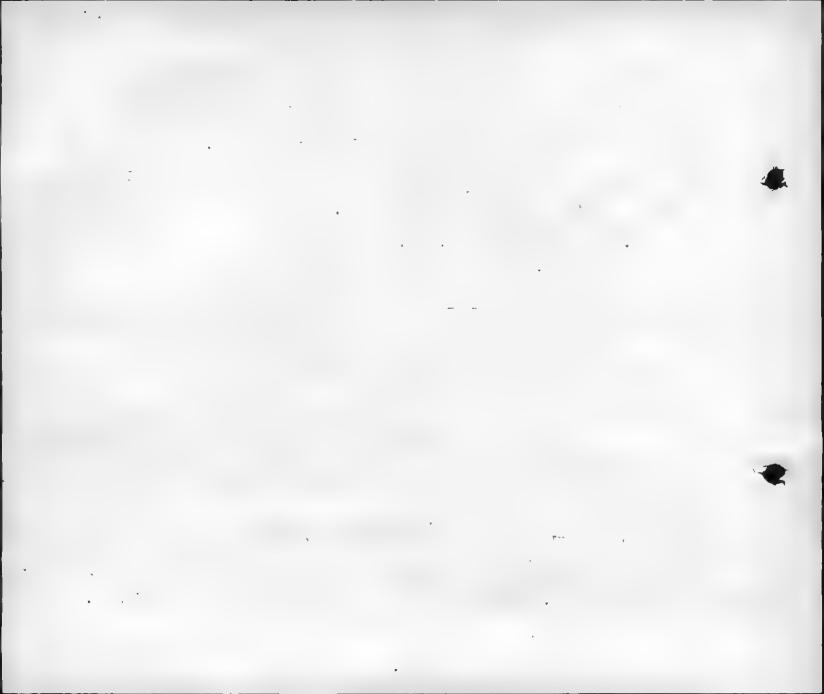
Reg. Dist. No.

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AL OR ATTENDING PHYSICIAN; The fow requires that the death certificate be executed within 24 hours after death. Page 47	N	ely	nauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pagast I and 2 should be
red v		AL DIRECTOR: After this ce at the been signed by the otherding physician and completel	pers.
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		TO FUNERAL DIRECTOR: After this ce de has been	
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	1. PLACE OF DEATH COUNTY Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. Maryland  b. COUNTING Arundel						
Ī	b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)  ATTRAPOLIS  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis						
1	d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION DOA Anne Arundel General Hospital	d. STREET ADDRESS  1020 Bay Ridge Ave.  e. IS RESIDENCE ON A FARM? YES NO						
	3 NAME OF DECEASED (Type or print) GUY W STALLINGS	Lost 4. DATE Month JULY 30 Doy Year 19 58						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  Jan. 15, 1897  9. AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS lost bighday)  Months Days Hours Min						
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Ret.  U.S. Gov.	STRY 11. BIRTHPLACE (Stoke or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  USA						
	13. FATHER'S NAME Bryan Stallings	14. MOTHER'S MAIDEN NAME Elizabeth Norfolk						
	(Ves no. or unknown) a lift was cave wor or dates of service)	no. or unknown)   [If yes, give wor or dates of service]						
- 1	(Nne)	INTERVAL BETWEEN  ONSET AND DEATH  ONSET AND DEATH  COCCUSION.  INOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED.  YES NOT NOT INTERVAL BETWEEN ONSET AND DEATH						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg. etc.)						
Ĭ,	21. I certify that I attended the deceased from July 10, 1958, to July 10, 1958, that I lost saw the deceased alive on P. O. A. 19, and that death occurred at 4.00 M, from the causes and on the date stated above.  ADDRESS (Street, city of form, state)  DATE SIGNATURE  PHYSICIAN'S NAME (Type)  Albert L. Anderson MD  Southgate Ave. Annapolis, Md.							
	Burial Cremation, 226 Date thereof Burial Specify July 12, 58 Cedar Bluff	(araid)						
(	HOPPING FUNERAL HOME MINAPOLIS, Md.  240. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS  DATE: 11 1 4 '58  LULLE BULLA							



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07584 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give hearest lown) P Anna Pull. d. STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NAME OF 4. DATE Middle Month Inst DECEASED OF DEATH (Type or print) 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Days WIDOWED | DIVORCED [ 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) Car water or a 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Duc 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ww 18. CAUSE OF DEATH [Enter only one couse ger line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY /IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part If of item 18.) 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED [County] foctory, street, office bldg , etc.) Hour o.m. While Not while of work of work 21. I cortify that I attended the deceased from \_\_\_ \_\_\_.that I last saw the deceased and that death occurred at \_M, from the causes and on the date stated above. ACTUAL SIGNATURE DIRECT PHYSICIAN'S NAME (Type) FUNERAL 673 220. BURIAL CREMATION. 22c. NAME OF CEMEYERY OR CREMATORY agod REMOVAL (Specify) esternal 0 23 FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b\_REGISTRAR'S SIGNATU底 JUL 2 2

15M 9/55

e. IS RESIDENCE ON A FARM?

6

YES NO A

Year

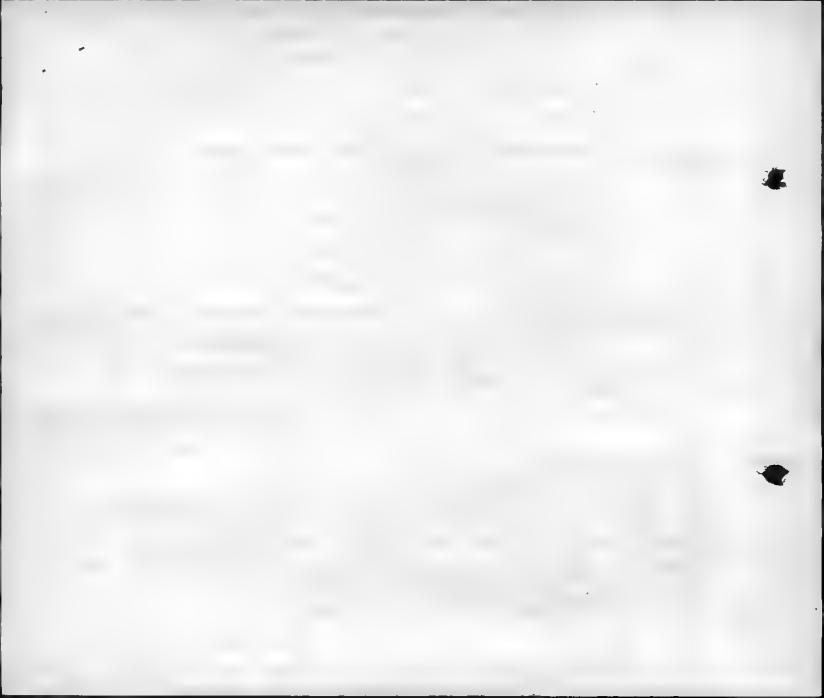
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(State)

DATE SIGNED

(State)



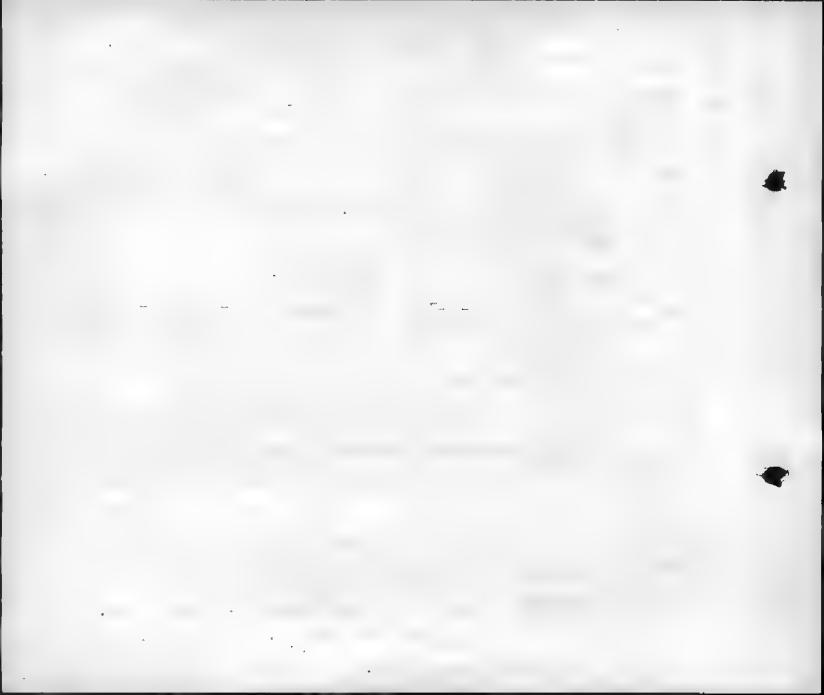


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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

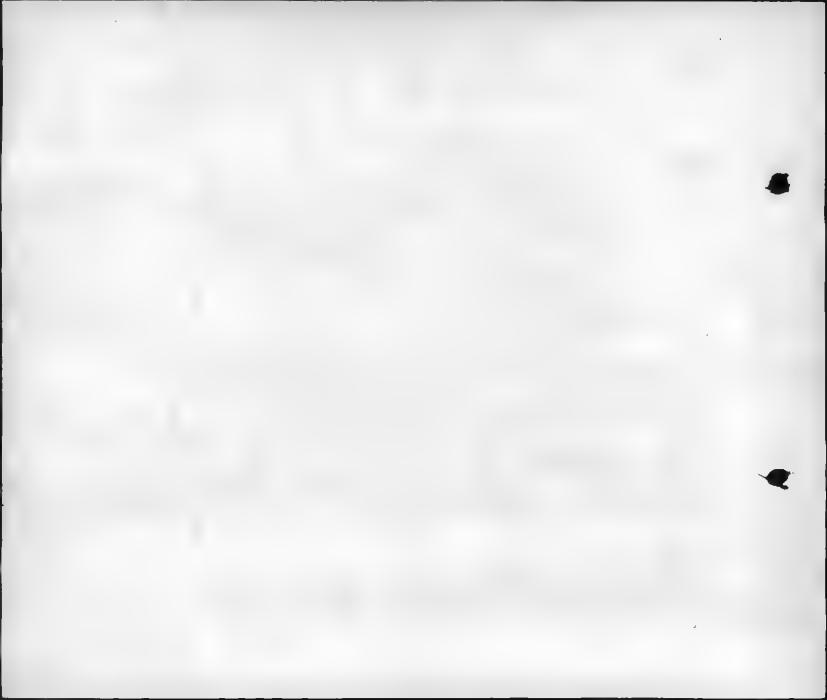
754 CERTIFICATE OF DEATH

/	- 44	2:0	Keg. Dist. No.							
	1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where deco	b COUNTY	Residence before odmission) Anne Arundel					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside of	orporote limits, write RUR/	AL and give nearest town)					
	d NAME OF HOSPITAL (If not in hospital, give stree or Institution Anne Arundel General H		d STREET ADDRESS 8 Monroe Cour	t	e. IS RESIDENCE ON A FARM? YES NO					
	3. NAME OF First DECEASED (Type or print) RUSSELI		tost 4. DA OF DE	TE Month	7 Day Year 58					
	Male White wipov	WED DIVORCED	Dec. 18, 1901	losi bythdoy) N	UNDER 1 YEAR IF UNDER 24 HRS fonths Days Hours Min.					
	100 USUAL OCCUPATION (G.ve kind of work done during most of working life, even if retired)  Bar tender	Hotel Bar	New Jersey		12. CITIZEN OF WHAT COUNTRY USA					
/	13 FATHER'S NAME									
	Thomas Alleway	COCINI COCUNTY NO. 117 B	Kate Enens							
	15. WAS DECEASED EVER IN U S ARMED FORCES? [1/ox. no or unknown] [II yes. give wor or dates of service]		ela Katherine Sto	ne- Daughter	11					
	18. CAUSE OF DEATH [Enter only one couse per PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	VCREASED /	13 TRACE CRAPTICA	1 AFSS	INTERVAL BETWEEN ONSET AND DEATH ONSET AND SET					
Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost.  (b) CEREBRAL MIETHSTASES  (c) CARC, ROMAN A OF LUNG.										
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN									
	Hour o m, Whil		CE OF INJURY (Home, form, 20f lory, street, office bldg., etc.)	(City or lown)	(County) (Stota)					
	21. I certify that I attended the deced alive on 19.  ACTUAL SIGNATURE FORWARD BOOK  PHYSICIAN'S NAME (Type) Edward Book	5.5 and that death	A.D. Harford Cliff	/ /	4/3/53					
	20. BURIAL, CREMATION, 226. DATE THEREOF BUTTAL July 9,58	22c. NAME OF CEMETERY OR Hillcrest Me	CREMATORY 22d. LC	CATION (City, town, or command in the command in th	county) (Stole)					
	Hopping Funeral Home	Annanolis Md	24o. REC'D BY RE	GISTRAR 246 REGISTR	AR'S SIGNATURE					



CERTIFICATE OF DEATH Reg. DistA 2587 with I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY **b.** COUNTY MARYLAND be f b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest fowns the fune shauld i d. NAME OF HOSPITAL (If not in/hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D Ξ NAME OF 4. DATE First /Middle Month Day Year DECEASED OF (Type or print) DEATH within HE UNDER 1 YEAR IF UNDER 24 HRS. KPY 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years) Months Davs Hours WIDOWED [] DIVORCED IT cample USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE ISlate or during most of working life, Even if retired) foreign country), 12 CITIZEN OF WHAT COUNTRY? ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16 SOCIAL SECURITY NO. 17 INFORMANT Address distan of service Iff yes, give wor o attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (0) DUE TO Š Conditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Port II at item 18.) ding ō (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED (Stole) (County) Hour o.m. factory, street, affice bldg., etc.) While Not white 19 ai work at work p. m 19 9, that I last saw the deceased 21. I certify that I attended the deceased from 100 A.M. fram the couses and an the date stated above. alive on and that death accurred at ADDRESS (Street, city or lown, stotel DATE SIGNED DIRECT ACTUAL SIGNATURE P 3 shoul PHYSICIAN'S HOSPITAL FUNERAL NAME (Type) 70 K OA 226 DATE THEREOF 220 BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City (Slate) REMOVAL (Specify) 0 231 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR MEGISTRAR'S SIGNATURE VS A15 [4] DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY O. STATE **b.** COUNTY M MARYLAND burial, b. CITY OR TOWN III outside corporate limits, write RURAL director, Page c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give reovest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Tome drundel 3. NAME OF Middle 4. DATE Month DECEASED OF DEATH (Type or print) INC LAR 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In seons IF UNDER TYEAR IF UNDER 24 HRS ė the last birthday1 Months WIDOWED | DIVORCED [ 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? puo m. b. thenut truck 13. FATHER'S NAME S S 14. MOTHER'S MAIDEN NAME Pages N 41 Page 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give 62213 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) buriol-transit **DUE TO** Conditions, if any, which pencil gove rise to immediate couse **DUE TO** (a) stoting the underlying couse last. 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY used os CATION pendi 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Jummeng 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. [City or town) Not while O MED factory, street, office bldg., etc.) While co 19 SY of work at work Bruch Beach 21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection P. Inquiry to the Chief I death resulted fram: Natural causes ... Accident A. Suicide . Hamicide . Undetermined cause **MEPUTY MEDICAL** ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL I

07588

e. IS RESIDENCE ON A FARM?

YES NO D

Year

1958

11.12

Day

INTERVAL BETWEEN ONSET AND DEATH

(County)

24b. REGISTRAR'S SIGNATURE

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DATE SIN 9

240 REC'D BY REGISTRAR

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d LOGATION (City, town, on county)

PERFORMED? NO 🗗

T, and find that

DATE SIGNED

(State)

(State)

4

VS. A15ME(5) 5M 9/55

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cute the

**EXAMINER'S** 

NAME (Type)

REMOVAL (Specify)

220, BURIAL CREMATION, 22b, DATE THEREOF

SUNERAL DIRECTOR'S SIGNATURE



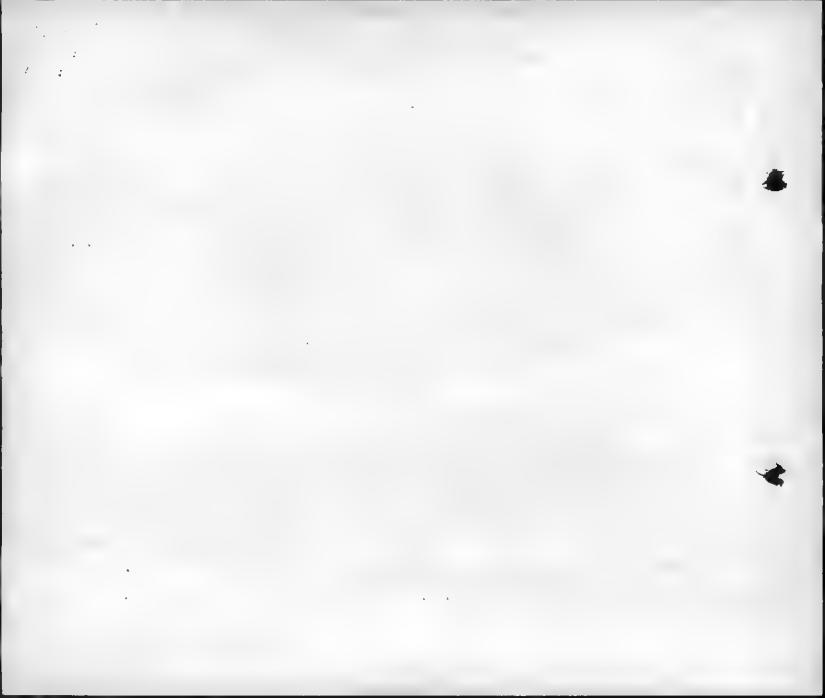
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Anne Arun	del			MARY	LAND	9.	SUAL RESID		/here dec	eased	lived. If inst			Cit		ission)
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Crownsvil			3у	7m 11	La		al tim				3	10	1	*		
OR INSTITUTION	TAL (If not in hospitol,  le State H						l STREET AL		tree	t					ON	ESIDENCE A FARM?
3. NAME OF DECEASED	Fi	icst		Middle			Lost		4. DA			Mont	h	Dç	ay .	Year
(Type or print)		Annie					Ter	У	OF DE	ATH		7		28	,	19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED 🔲 I	NEVER MARRI	ED [24	8. DAT	E OF BIRTH		-	9	AGE (In ye			R 1 YEAR	IF UN	DER 24 HRS
Female	Negro	WIDOW	ED 🗌	DIVORCE	00		1884				lost birthide	yrs.	Months	Days	Haur	s Min.
10a. USUAL OCCUPATI during most of war Unknown	ON (Give kind of work rking life, even if retired	done 10b.	KIND O	F BUSINESS O	R INDU	STRY 1	1. BIRTHPLA	CE (State	e ar farei	gn cov	niry)		12 C		S.A	AT COUNT
13. FATHER'S NAME						14.	MOTHER'S	MAIDEN	NAME							
							-									
15. WAS DECEASED EV	ER IN U. S. ARMED FO'		SOCIAL	SECURITY NO		NFORN Hos	MANT pital	Rect	ords			Addre	255			
	AND FE	11				0-	p 2 000.									
	ATH [Enter only one c ATH WAS CAUSED BY:				4		tio D	0.0111111	on 4 a					ONS	ERVAL I	BETWEEN D DEATH
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couse (a), stating		)														
lying cause last		c)														~
3 Ane	THER SIGNIFICANT COM					NOT R	ELATED TO	THE TERM	AINAL DIS	SEASE	CONDITION	GIVE	N IN PA	.RT 1(a) 1	PERF	S AUTOPSY ORMED?
	AS UNDERLYING [] 3 [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HO	OW INJURY O	CCURRE	D. (Ente	or nature af	injury in	Port I a	Port I	of item 18.	)				
70c TIME OF INJU	RY Month, Day, Ye	or 20d. II	NJURY O	CCURRED	20e. PL/	ACE OF	INJURY (H	ome, farr	m. 20f	(City o	r town)			(County)		(State
Havr q. m	19	While of war		t while work	100	clary, si	treet, affice	blog, etc	c) {				_			
	hat attended the	docoos	ad from	" July	-		1956	Ju	lv 2	8	10	58	46 - 4 1	1 .	al.	
alive on Ju	1/7 28 . / /	19		, and that							41		, mor i	1031 50	om me	deceas
-/	1117	11		, did indi	dedin	OCCU	med du	bet say			tne cause et, city or to			the da		red abo Date sign
ACTUAL SIGNATURE	conel//(	1 tu	iy	11/4/	12	м р. С	rowns	vill			Hosp:		,	l.		0/58
PHYSICIAN'S L.	ionel McHen	ry Ma	app,	M. D.	7 70 100	C	rowns	vill	e St	ate	Hosp	ita	l,M	1.	7/3	0/58
BIRIAL CREMATIC	7-31-5	8	2257	AME OF CEME	M-D	TO CREW	MATORY		13	CATIE	IN IGITY, TOW	4n, ar	county)	78	(Sto	ole)
23. UNERAL DIRECTOR	'S SIGNATORE		AD	ORESS		0		24a. REC	D BY RE	GISTR/				IGNATU		
NWV.	+ 100000	1.	I AM.	sht -	mi	1.	-	DATE B	1110 1	*5	8 4	JU,	Je es	ueh		

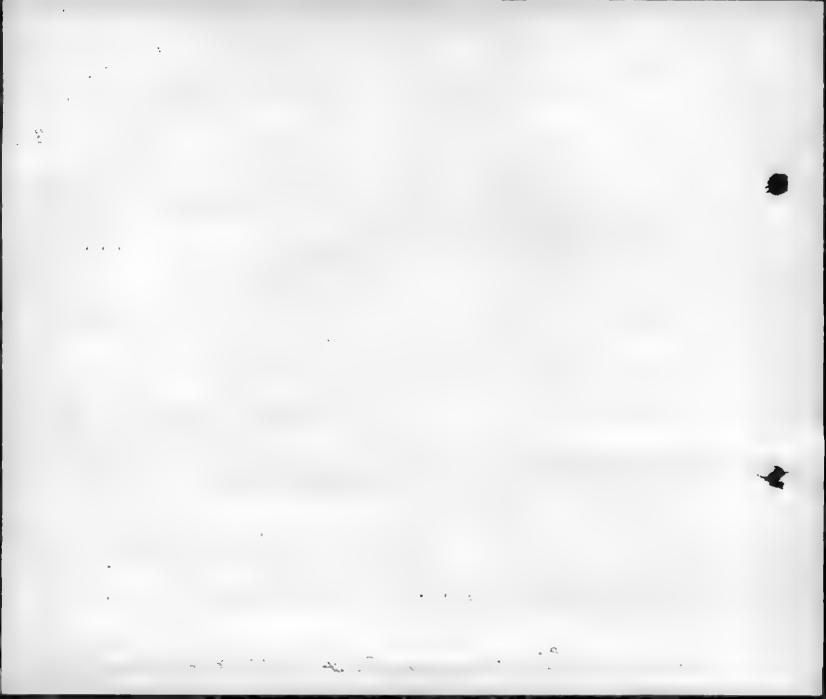
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely the in by the funeral director, page 3 should be detached for use control transit permit. Then please remaye carban papers. Pagy 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after both.

VS A15 (4) 15M 10/57







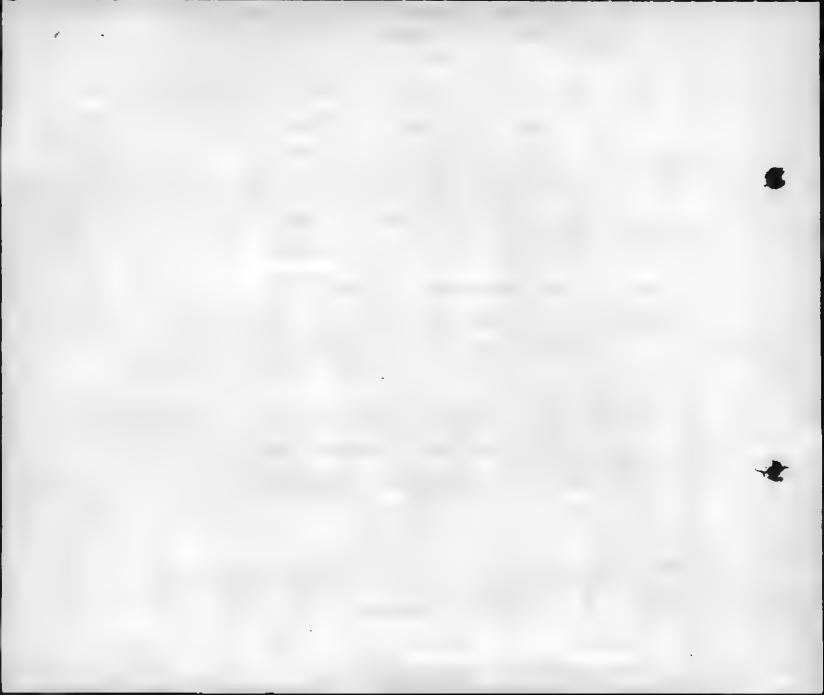
07592 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7545 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) PLACE OF DEATH · COUNTY **b. COUNTY** o. STATE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 2/timo Re . IS RES DENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address), ON A FARM? RUNde YES NO M NAME OF DATE Middle Month Year DECEASED DEATH 191 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Y 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. DATE OF BIRTH Months Min. Days Hours WIDOWED [7] DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most-of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLARE (Stots or foreign country 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dotes of service) 18. CAUSE OF DEATH [Enter only one couse per-line for (of. (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 2311 **DUE TO** Conditions, if any, which) gove rise to Immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, form, (Stote) 20c. TIME OF INSURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) While Not while Hour e. m. at work of work p. m. 2), I certify that Liank charge of the remains described above, held an Autapsy , Inspection , Inquiry Accident , Suicide , Hamicide , Undetermined cause . Nátural causes DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME [Type] 220 BURIAL, CREMATION, 226. DATE THEREOF 22c MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Joven, or county) FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24bZ REGISTRÁR'S SIGNATU 28

VS. A15ME(5) 5M 9/55

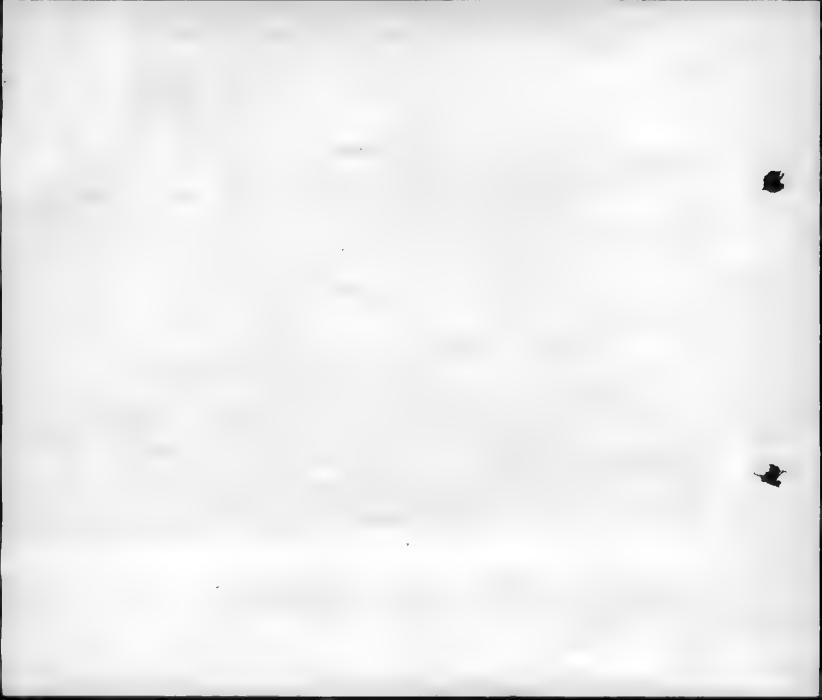
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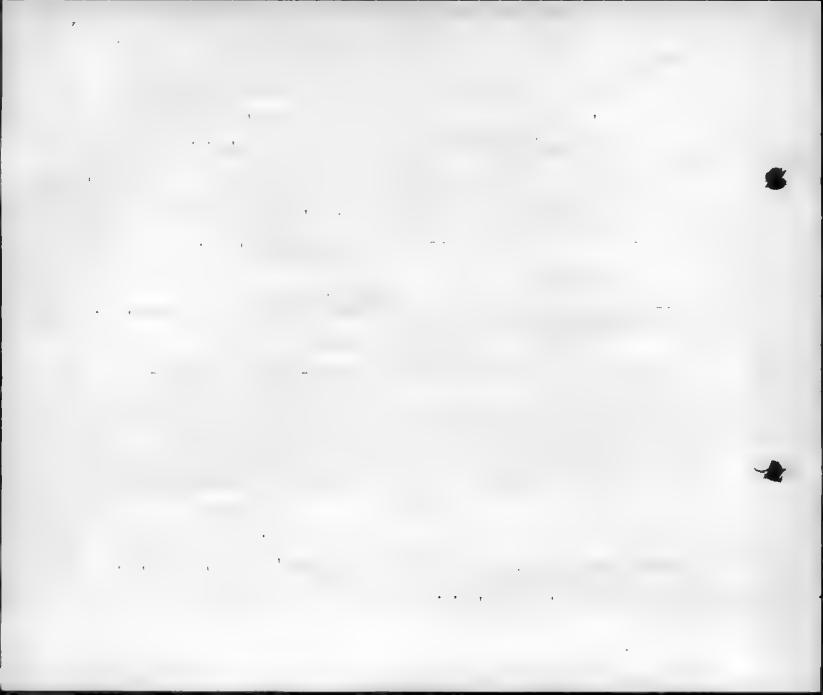
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74		tem at Film MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATI	5	7546 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
HEALIH DEN	1.	o. COUNTY  ANDE ACCOUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission)  o STATE  COUNTY
ory. Ple for. Plea of Hea		b CITY OR TOWN (If outside corpora a limits, write RURAL and give nearest town)  ond give nearest town)  C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
for your direction of the second of the seco	$\mathcal{L}$	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d STREET ADDRESS  d STREET ADDRESS  G 1/ RECTO IVE ON A FARM YES IT NO IT
funera forned Store ( death		3. NAME OF DECEASED  A DATE OF Month Day Year
to the desired of the control of the		5. SEX 6 CO.OB-OR RACE 7 MARRIED NEVER MARRIED 18 DATE OF BIRTH 9 AGE (In year 1 IFUNDER 1 VEAR 1 IF UNDER 24 HRS
and 3 and 3 a 5 ma d 2 wij		100. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (State or foreign codnic)
a 1. 2. 3. 1. 2. 3. Pog		Aburing most of working life, even if retired)  KTEREDLABORER GEN. GONTRACT, GOVERT GO. MD 4.5. A  13 FATHER'S NAME  14. MOTHER'S MAIDEN NAME
P Poge Poge Poge Poge Poge Poge Poge Pog	1	JOSEPH TORNEY VANE SMITH
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT  (19 yes, give wor or dates of service)  HOWI = H. MARTIN 631 W. LEC ST
tem its		18. CAUSE OF DEATH [Enter only one couse per fine for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
cil in I		DUE TO
in pen in pen ner's C i burio		gave rise to immediate cause  (a), stoling the underlying  cause fast.
ate sho rding" Exomi ed as c		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
d "per d "per edicol be ass		YES NO PART OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Idem 18)  Road Capaciana
he she		5 20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 120f, (City or town) (County) (Stole)
MINER riting t s the C oge 3 prior t	,	Hour K & 7/19/58 19 White of work   Not white of work   Water on Ches esks Pay Anne / runiel Mc.  21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Mr. Inquiry
ace, writed to		opinion death resulted from Natural causes . Accident . Suicide . Hamicide . Undetermined manner
Certifica Corwo DIREC Soted o		ACTUAL SIGNATURE WILLIAM U SORRES M.D CHIEF MEDICAL EXAMINER [] # DATE SIGNED
ury in the the old be		EXAMINER'S NAME (Type)  ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   7-20-58
execution 14 shows or its		120. BURIAL CREMATION 1226 DATE THEREOF 121. NAME OF CEMETERY OR CREMATORY (STOLE) (ST
VS A15ME BM 2'57	4	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 746. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Will a Ur	4	14 July 6 55 10. 312 mont of 010121 58









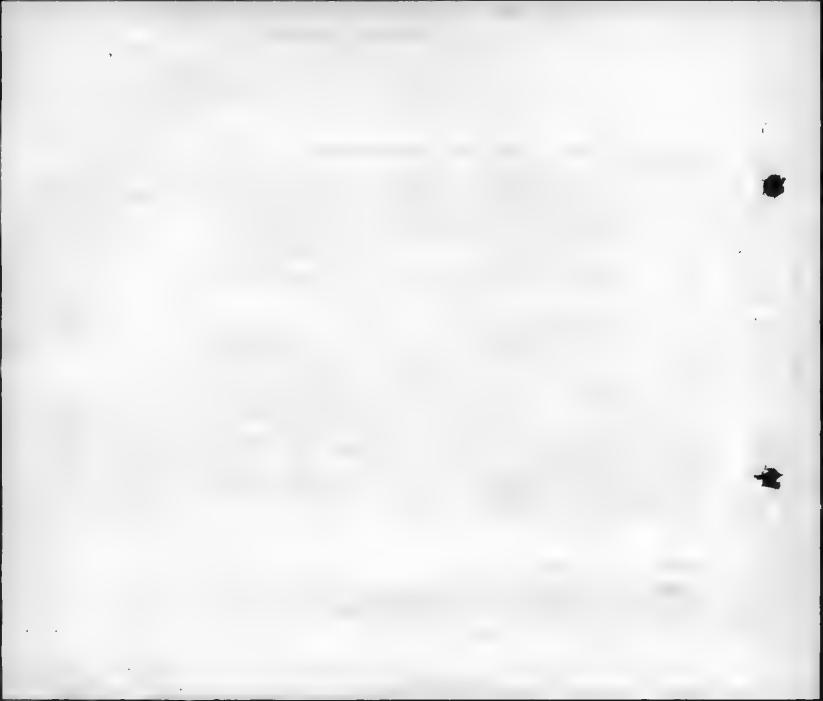
	7606 CERTIFICA	ATE OF DEATH	Reg. Di 17.596			
1 (	PLACE OF DEATH COUNTY ANNE ARUNDE & MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If I o. STATE MARYLAND b. CO	nstriution: Residence before admission) PUNTY			
	b. CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 1b   RURAL and give nearest town)	c. CITY OR TOWN (If outside corporale limits,	write RURAL and give nearest town)			
	STONEY BEACHMO 3 MOS.	BALTO.				
2	OR INSTITUTION  LIOO E. FERN WILL RUAD	I STREET ADDRESS	•. IS RESIDENCE ON A FARM? YES \( \begin{array}{c} \text{NO} \( \begin{array}{c} \text{V} \\ \text{PS} \( \begin{array}{c} \text{NO} \\ \text{PS} \\ \text{PS} \( \begin{array}{c} \text{NO} \\ \text{PS} \\ PS			
	NAME OF First   Middle DECEASED (Type or print) WILLIAM JOSIS PI	VOYCE OF DEATH J	Month Doy Year ULY 26 1958			
[	MALE WALTE WIDOWED DIVORCED	B DATE OF BIRTH  AUG. 6, 1879  9. AGE (In loss birth 78	years IF UNDER 1 YEAR IF UNDER 24 HRS doy) yrs. Months Days Hours Min.			
6	b. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- during most of working life, even if retired)  LEVATOR OPERATOR U.S. CUSTO		12. CITIZEN OF WHAT COUNTRY?			
	George. Voyce	14, MOTHER'S MAIDEN NAME  May Own.	Lowe			
15 (Yes	ri, no, or, unknown)	VILLIAM M. VOYCE :	Address & FEANHILL			
ATION	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO  Conditions, if ony, which gove rise to immediate couse (c), stoling the under- lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	INOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED?			
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ed in by the funeral director.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the haspital or attending physician.

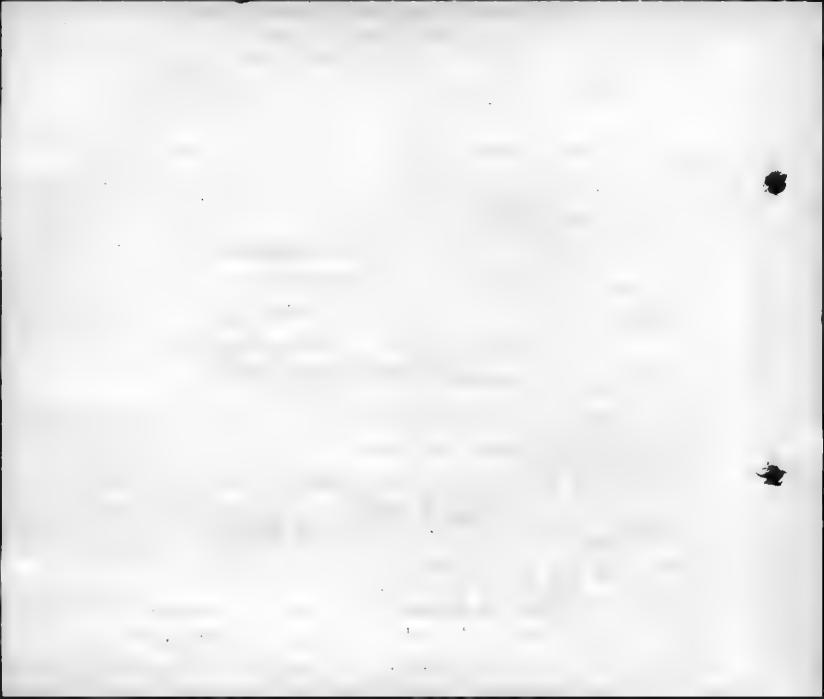
TO FUNERAL DIRECTOR: After this are fixed has been signed by the attending physician and campletted by should be detached for use. The burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, at removal, and in any event within 72 haurs ofter degitizer.



CERTIFICATE OF DEATH Reg. Dist Noy 5 D I director, filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence by o. COUNTY b. COUNTY MARYLAND the funeral shauld be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest Jown) d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS IS RESIDENCE ON A FARM? YES NO A NAME OF Middle 4. DATE Month Day Yeor DECEASED OF DEATH (Type or print) 195 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE Un year camplete!) Months WIDOWED F DIVORCED paper 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if telired) 12 CITIZEN OF WHAT COUNTRY? death. gud 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address ending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o 55 2 X DUE TO Conditions, if any, which beub gove rise to immediate DUE TO catse (o), stating the underlying couse last. PART IL OTHER SIGNIFICANT CONDITIONS CONDITIONS TO DEMIL BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO! 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OF BIRRED. (Enter noture of injury in Port 1 or Part II of item 18.) ofe 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY Home, farm, 20f. (City or town) factory, street, office bldg., etc.) 20d. INJURY OCCURRED (State) (County 5 While at work 21. I certify that I attended the deceased that I last saw the deceased death occurred at the causes and an the date stated above. DIRECTOR ACTUAL prid P FUNERAL I HOSPITAL PHYSICIAN'S NAME (Type BURLAL CREMATION. EMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIZY (Specify) 28,58 Mary's Cemetery St Annanolis, Maryland O EUNERAL DIRECTORS SIGNATURE **ADDRESS** 24a, REC'D SY REGISTRAR 246 REGISTRAR'S STGMATURE DATE JUL 2 8 '58 VS A15 (4) FUNERAZ HOME Annapolis, Md. 15M 9/5S

within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



				MARY	LAND	STAT	E DEPARTA	NENT OF	HEALT	H-BAI	.TIMOR	RE, 18	8	O Mr B	
7					760	2	CERTIFIC	ATE OF	DEAT	Н			Reg. Dist.	~ ~ ~	598
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M )		b. CITY OR TOWN (I RURAL and give no	earest lov	vn]			TH OF STAY IN 16		OR TOWN (IF		orote limits,	write RU			
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	S. 5	SEX M	6. COL	OR OR RACE	7. MARR		DIVORCED	8. DATE OF	29. ]	877	9 AGE (In last birt 80	hdoy) [	Months D	YEAR IF UN	
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( #									Balt	imore	e, Md			·	
	1388	FATHER'S NAME	774~	Waha	ala a d an			14 MOTH	ER'S MAIDEN		_				
	15.	WAS DECEASED EVE	^	Wehr			ECURITY NO. 117.	INFORMANT	Mary	Hool	ζ	Addre	255		
	(Yo	No. or unknown)	(If yes, give	war or dates of	service]		5-2255A		are ware	tonet	Mahn			ame	
		18. CAUSE OF DEA	ATH [Ent	ler only one C				<u>ر قره عديا ال</u> م	S CIT IS	arou	-70111·	110 11	11 3	INTERVAL	BETWEEN
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		gave rise to i catse (a), stating			0 1	,	. /								/
		lying cause last.	me gride	) (	c) (a	rde	ac dece	mile	162 a	Leon	,			5.5	ca.L
0	CERTIFICATION	PART BL. OTE	HER SIGN	IIFICANT CON	NDITIONS O		TING TO DEATH BU	T NOT RELATE	O TO THE TERM	MINAL DISEAS	SE CONDITK	ON GIVE	N IN PART 1	PER	S AUTOPSY FORMED?
	CERTIF	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDE	RLYING  SE OF DEATH L EXAMINER)	20b. DES	TRIBE HOV	W INJURY OCCURR	ED. (Enter notu	re of injury in	Part I ar Pa	rt II af item	18.)			
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m	Y Mont	h, Day, Ye	While	VJURY OC	while f	LACE OF INJU	RY (Home, for iffice bldg., e	m, 20f. (Cit	y or tawn)		(Cou	mly)	(State)
	1	21. I certify th	at kal	tended the				10 10	52 m	Witse	13 1	026	that I los	4 4 46-	a d
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		1	1	<i>P</i> 7	0		/; ·	., 00001100	TO THE PARTY		Street, city or			dule sit	DATE SIGN
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1		PHYSICIAN'S NAME (Type)			1						,	0		U 83	
	220	BUR AL CREMATIO	N, 22b.	DATE THERE	OF	22c. NA	ME OF CEMETERY	OR CREMATOR	γ	22d. LOC/	TION (City,	lown, or	county)	(5:	rate)
		REMOVAL (Specify)	r	/15/5	i8	Lo	udon Pa	rk Cen	1.	Be	altim	ore	. Md.		
	23.	FUNERAL DIRECTOR		·-			PRESS			D BY REGIS	TRAR 246		RAR'S SIGN	ATORE	
		JOHN F.	DE	NNY,	Inc.	715	Light	St.	DATE J	UL 1 4'	58	July	educe	h	
						Bal	timore.	Md.							



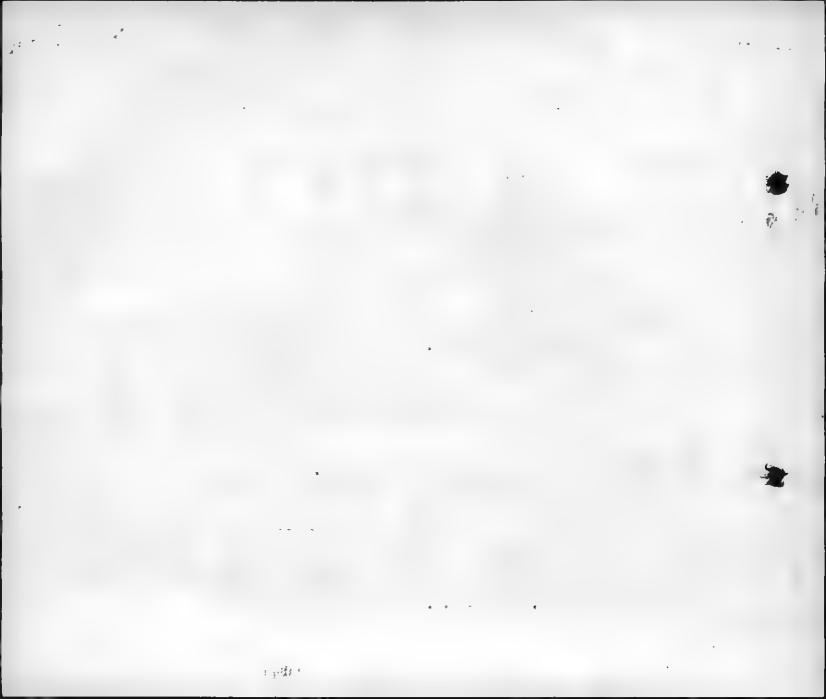
+	7		1
H	FQ	R LT	S
MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any Beloy is necessary, please	redical Examiner's Office along with form PM3. Page 5 moy light for your files.	L DIRECTOR: Page 3 sheet be used as a burial-transit permit. File pages 1 and 2 with 1 tale Board of Health,	gnated agent, prior to bariat, cremation, or removal, and in any event within 72 haurs after death.
ER: T	Ü	3 she	to b
AMIN	to the	Poge	prior
EDICAL EXA	forwarded I	DIRECTOR:	ated agent,
Σ,	0 0	-1	6

to 1 -	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
FOR STATE	7548 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution.
Poge les.	o. COUNTY Anne Arundel MARYLAND STATE Maryland 6. COUNTY
무,로운 (別)	b CITY OR TOWN (If autride corporate Limits, write RURAL ond give reporest faves) c CITY OR TOWN (If outside corporate firmits, write RUR
\$ 5 5 5 5 V	Annapolis
direcess direc	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d STREET ADDRESS
lay is numeral lained late Bo	222 Pindell Street
rain rain leat	3. NAME OF DECEASED First Middle Wells Lost 4 DATE Month
in a second	(Type or print) WILBERT: WILLS DEATH July
1 to 3 to with	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE In yours IFU
d 3 mo	Male Colored WIDOWED DIVORCED 1 - 26 - 1935 23 yrd Mo
on o	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)
12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(noronsville Salettery. Maryland
MA3.	13. FATHER'S NAME
Pour Pour	town Wille mary Edna Tho
24 File	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (NFORMANT   10. no. or unknown)   (II yes, give war or defes of service)
4 4 4	yes koreannon - Hell 222 fur
n 10	V8. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
para la	PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)
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8 10 0 E	Conditions, if any, which (b) gove rise to immediate cause
bin bin or	(o), storing the underlying DUE TO
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adia Exc ad c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I
Creating Creating	
2 T 2 G	200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Hem 18) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Hem 18) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Hem 18)
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A 0 90 0	ACTUAL YAZALIY PORIZZA
Cer	SIGNATURE M.D. CHIEF MEDICAL EXAMINER
the albe	EXAMINER'S  NAME (Type)  POINT F. GILDTEN M. D. DEPUTY MEDICAL EXAMINER [7]
P S de la constante de la cons	a color a la color and a color
A sh	220. BURIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OF CHEMATORY 722d LOCATION (Gity, town, or co

deceased lived. If institution, Residence before admission) 6. COUNTY Anne Arundel de corporate fimits, write RURAL and give nearest town) lis IS RE. DENCE ndell Street YES NO K ATE Month Year July 19 58 EATH 9. AGE (In years last birthday) IF UNDER LYEAR IF UNDER 24 HRS Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? reign country) INTERVAL BETWEEN ONSET AND DEATH DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? Port II of Hem 18 ) f. (City or town) (County) (Stole) Anne Arundel Md. Annapolis , Inspection , Inquiry , and in my icide , Undetermined manner **DATE SIGNED** ER 🔲 AMINER NER [ LOCATION (Gity, town, or county 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

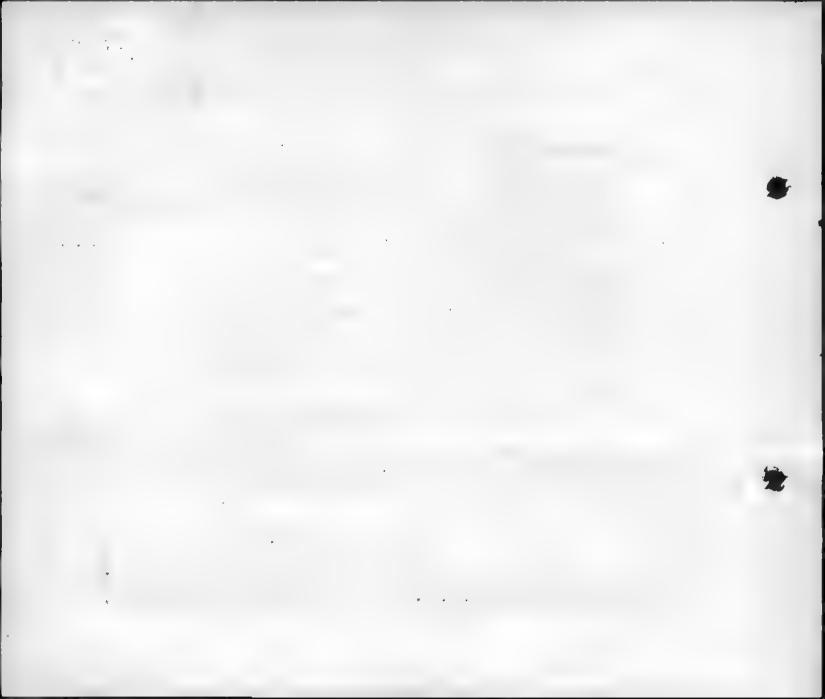
Reg. Dist. No.

VS. AISME 5M 2/57



7609 CERTIFICATE OF DEATH

		1003	CERTIFIC	S/AIL	OI DEAL			Reg. Dis	it. No.	
1. PLACE OF DEATH				2 1	JSUAL RESIDENCE (	Where deceased		on- Residen	ce before	e admiss on)
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	outside corporate limits, v	write c. 1	NGTH OF STAY IN T		CITY OR TOWN (I	f outside corpo				est lown)
Crownsville		13	7m 6d	В	eltsville		1	6 x -	2.	
d NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give	street oddre			d. STREET ADDRESS			0_/		. IS RESIDENCE ON A FARM?
	State Hosp	ital								YES 🔲 NO 🖺
DECEASED	First		Middle		Lost	4. DATE OF	Mon	th	Doy	Yeor
(Type or print)	Ambr				Williams	DEATH	7		23	19 58
SEX	6. COLOR OR RACE 7.	MARRIED 2	NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years			F UNDER 24 HR
Male	Negro w	IDOWED 🔲	DIVORCED [	] [	1872		86 yrs.	Months	Doys	Hours Min.
during most at working	N (G ve kind of work done ng life, even if retired)	e 10b. KIND	OF BUSINESS OR IN	DUSTRY		_	ountry)	12 CIT		WHAT COUNT
Cement Fin	sher				Marylar				U.	S.A.
3. FATHER'S NAME				14	MOTHER'S MAIDEN					
John Will:	lams (Deceas	ed)			Sarah Ro	oss (De	ceased)			
15. WAS DECEASED EVER	IN U.S. ARMED FORCES	7 16. SOCI	AL SECURITY NO. 17	7. INFOR	MANT		Addr	611		
No	led died not or price or related	· —		Hos	pital Reco	ords				
18. CAUSE OF DEAT	H [Enter only one couse	per line for	(o), (b), and (c) }						INTER	VAL BETWEEN
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CAT			TO T			WINNY DISCASE	CONDITION GIV	EN IN PARI		PERFORMED?
20a. ACCIDENT WAS	UNDERLYING 1 206	DESCRIBE	HOW INJURY OCCU	RRED. (En	ter nature of injury i	n Port I or Port	If of item 18.)			
	(EDICAL EXAMINER)									
20c TIME OF INJURY		20d INJURY		PLACE C	F INJURY (Home, fo	rm, 20f. [City	or town)	(C	ounty)	(Stole
Hour e.m.		While of work 🗔	Not while	rociory,	street, office bldg., a	HC.]				
21. I certify the	t oftended the de	cansed fr	om 12/17		19 56 to	7/23/	, 19 58	Abot I I		. Ale
· ·		14 5段			urred at 10:5			, inci i i	G\$1 2GV	v the deceas
lative on 7/23		11	, pr/u/may ged	atili occ	nuen diazza		i The Causes a reel, city or lown, :		e dote	stated abo DATE SIGN
alive on 7/23		0	11/6//							WALC SIGH
actual signature	well H	Emil	11946	M.D.	Crownsv	-	ate Hosp		Md.	
ACTUAL SIGNATURE &	onel McHenry	Surj Mapp	1194	M.D.		ille St	ate Hosp	ital,		
ACTUAL SIGNATURE PHYSICIAN'S L1	onel McHenry		// 2/b	M.D.	Crownsv	ille St	ate Hosp	ital,		
ACTUAL SIGNATURE PHYSICIAN'S L1	onel McHenry		1194	M.D.	Crownsv	ille St	ate Hosp	ital,		(Store)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) L1	onel McHenry	> 22c	// 2/b	M.D.	Crownsv.	ille St	ate Hosp: ate Hosp: ION (City, town, o	ital,	Md.	1.1



The bottom copy may be retained

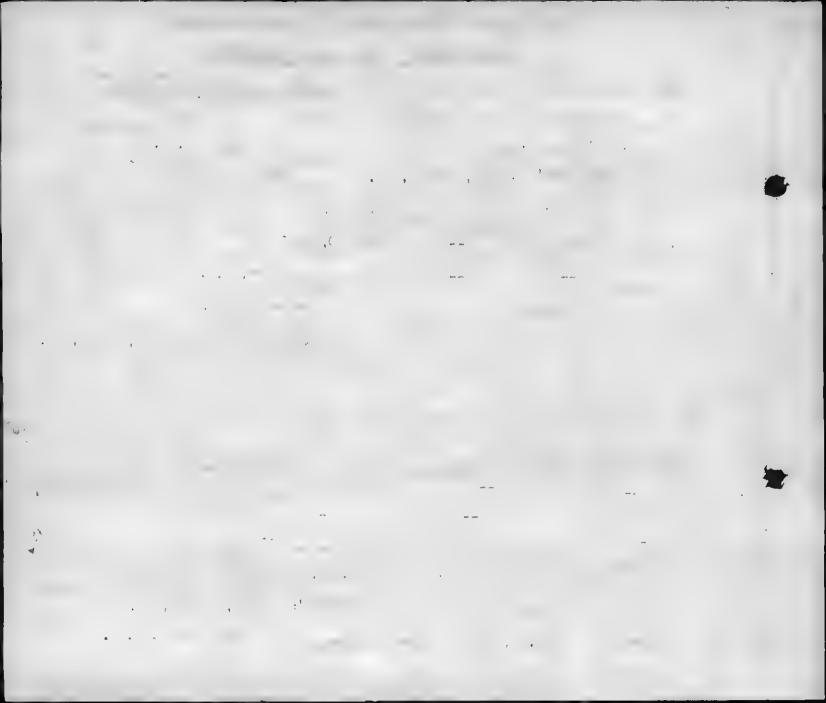
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07601

### CERTIFICATE OF DEATH 7610

Reg. Dist. No. .....

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED								
COUNTY Anne Arundel	MARYLAND	STATE COUNTY								
CITY (If outs da corporata i mits, write RURAL	LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	neerest town}							
Laurel, Maryland	1 month	Town Washington, D. C. 4 X-5								
HOSPITAL OR		STREET (H sural giva locetion)								
	enter, Laurel, Md.									
3. NAME OF (Fust) DECEASED	(Middle)	(Last) 4. DATE (Month) (Dey) (Ye								
(Type or Print) Larry		liams DEATH July	1 58							
5, SEX 6, COLOR OR 7, SING	LE, MARRIED, 8. DATE COWED, DIVORCED,	1	IDER 1 YEAR IF UNDER 24 HRS.							
male colored (Spec	(ity) == Marc	h 20, 1957 one yrs. Month	Deys Hours Min.							
10e USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT							
done during most of working life, even if retirad)	OR INDUSTRY	Washington, D.C.	COUNTRY							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
		Anita Williams								
unknown										
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unk.) (II Yes, give wer or dates of servi-	las	17. INFORMANT & ADDRESS Social Service								
(105, 110, 01 disk.) (11 102, give well of beles of servi		District Training School, Laurel, Md.								
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH										
1 DISEASES OR CONDITIONS DIRECTLY CEADING IN		12 00 .	ONSET AND DEATH							
A MANUEDIATE CAUSE (A)	Sixilio o	scular collapse	Tref 1							
ANTECEDENT CAUSE(S) DUE TO	6		L11							
DISEASES OR CONDITIONS, IF ANY, (8)	fillemond	ca	Test H nown							
STATING UNDERLYING CAUSE LAST. DUE TO										
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDIT ON CAUSING DEATH.	mural of or	he not aureale								
	FINDINGS OF OPERATION	nu. su. asuacae	20. AUTOPSY?							
	<b>***</b>		YES NO							
216. ACCIDENT WAS UNDERLYING 216. PLA OR CONTRIBUTING 200 CAUSE OF DEATH OF INJUI	ACE (Home, ferm, fectory, RY street, office bldg., etc.)	Pic. WHERE DID INJURY OCCUR? (City or town) (C	County) (Stele)							
(IF EITHER, NOTIFY MEDICAL EXAMINER)	prop mili	**								
21d. TIME OF INJURY (Month) (Day) (Year) (Ho	our) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?								
	M. et work . et work .									
22. I hereby certify that I attended to	he deceased from 6/6/58	, 19, to 7/1/58 , 19, the	at I last saw the deceased							
alive on 7/1/58 19	and that death occurred at	8:00AM, from the causes and on the date st	isted above							
SIGNATURE 7 ()/	2	ADDRESS (Street, city, lown, stele)								
14 19 19 1914 11 12	travit M.D. C	hildren's Center, Laurel, Md	7/2/50							
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR									
REMOVAL (SPECIFY)		Manhdustan D	/ /							
Burial Jul. 5	1958 Woodlawn Cer	25. TUNERAL DIRECTOR'S SIGNATURE								
24. REC'D BY REGISTRAR REGISTRAR'S SI	GNATURE		ADDRESS L L N F							
DATE _111 1 1 158   010 /	. " /	Howser Fundami	W17 HD/11/6							



7549 CERTIFICATE OF DEATH

07602

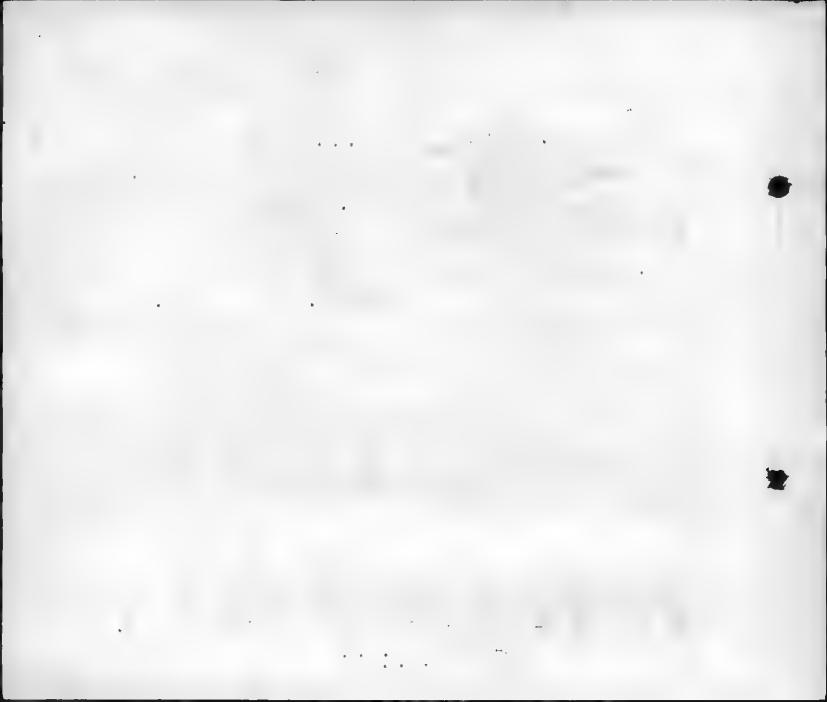
	803	3			Reg. Dist. No.
	PLACE OF DEATH  o. COUNTY  Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WIN	ere deceased lived. If instituti b. COUNTY	ion: Residence before admission) Anne Arundel
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) ANTAPOLIS	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	ulside carporate limits, write R	(URAL and give nearest (awn)
	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Anno Arundel Gen. Hospit	ddress)	d STREET ADDRESS R.F.D. 3 Bo	x 427	e. IS RESIDENCE ON A FARM? YES NO PLA
,	NAME OF DECEASED (Type or print) ANNIX BLANCE	Middle Y	COUNG tost	4. DATE Mon OF DEATH July	
1	Female White WIDOWE	DIVORCED	8. date of Birth Oct. 6th 189		Months Days Hours Min
-	Our USUAL OCCUPATION (Give kind of work done furing most of working life, even if retired)  Do	IND OF BUSINESS OR INDUS IMB STIC	STRY 11. BIRTHPLACE (Stole of Virginia	or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	John R. Woodyard		14. MOTHER'S MAIDEN N		
1		OCIAL SECURITY NO. 117. R	Blanche Th		
<u> </u>	(if yes, give wor or dotes of service)		infred D. You	ng Same # 2	2.•1
	18. CAUSE OF DEATH [Enler only one cause per line PART 1, DEATH WAS CAUSE DRY, IMMEDIATE CAUSE (a)	for (0), (b), and (c).]	vinctor	á	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying cause lost.	à lurge	borne		repa
	Part II. OTHER SIGNIFICANT CONDITIONS CO				/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art I or Port II of stem 18.}	
	20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 White of work	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the decease alive on 1953				
1	SIGNATURE / 10 1775	ruly	M D	130MSSUCA	7/16138
	NAME [Type] 5.3507	ssuch		Muc on	veri ned,
2		Oedar Hill Oe	metery	22d LOCATION (City, lown, or Suitland, Mar	
2	FUNERAL DIRECTOR'S SIGNATURE 1661-Washin	Good Hope Rd. gton 20, D.O.	S.E. 240. REC'D	- 1 3 4 4	STRAR'S SIGNATURE

in by the funeral director, and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page may be retained by the hospital or aftending physician.

TO FUNERAL DIRECTOR: After this recate has been signed by the attending physician and complete page 3 shauld be detached for use of the burial-transit permit. Then please remove carbon papers. It he registrar prior to burial, crematian, at removal, and in any event within 72 hours, after death.

H

VS A15 (4) 15M 9/55



# FOR STATE EALTH DEPT.

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0	W	90	0	or its designoted agent, prior to barial, cremation, or remayol, and in any event within 72 hours after dec	
			-		
VS.	A	15/	ME		
2	IN T	6/3	TO FUNERAL DIRECTOR: Poge 3 stress be used as a buriel-transit permit. File pages 1 and 2 with the Ste		

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7611

- ULL			-	Key, Mill. I	10.						
1. PLACE OF DEATH 9. COUNTY		2. USUAL RESIDENCE (Where de			before admission)						
Anne Arundel	MARYLAND	a. STATE New York	b. COUNT	TY.							
CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	corporate limits, write	RURAL and give	neorest lown)						
Pasadena	8 hrs.	Buffalo		69x-	3 4						
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS			e. IS RESIDENE						
Edgewood Ave. High Point		3952 Clinton	Street		YES NO	_					
3. NAME OF First	Middle	Lost 4. DAT		h Do	y Year	Δ.					
(Type or print) Joseph Zajac	Tn	OF DEA	Terler 7		19 5	d					
5. SEX 6. COLOR OR RACE 7. MARRI		DATE OF BIRTH	9. AGE the years	3th. TIFUNDER TYEA							
M 1.7 WIDOWE		1/7/35	feet birthday) 23 yrs.	Months Days	Hours Min-						
100, USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or forei	- trad	12. CITIZEN	OF WHAT COUNT	RY					
during most of working life, even il retired) None		Buffalo, N.Y.		TIC A							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		USA							
Joseph Zajac		?									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. #	IFORMANT	Address								
NOVOR	e/a ./=	nn Zajac (Uncle)									
18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]			IN	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:		1 hr.									
353.2 DUE TO											
Conditions, if any, which (b)											
gove rise to immediate cause											
(a), slating the underlying DUE 10 (c).											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY											
8					PERFORMED?						
PART II, OTHER SIGNIFICANT CONDITIONS CO	E HOW INJURY OCCURRED. (E	nter noture of injury in Port I or Pa	rt II of itum 18.)								
PRIMARY O OF CONTRIBUTING CAUSE OF DEATH.											
3 20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 1201.	(City or town)	(County)	(State	1					
20c. TIME OF INJURY Month, Day, Yeor While Port of the	e Not while lock	ory, street, office bldg., etc.)									
21. I certify that I taok charge of the		ve. held an Autopsy 17.	Inspection [2]	Inquiry R	, and in n	2224					
apinion death resulted from: Natural				4 1		. 7					
A A	cooses += , Accident [		ide [], Olidele	ermined man	ner []						
ACTUAL GUSTENOXY	mucher //	CHIEF MEDICAL EXAMINE			DATE SIGNED						
SIGNATURE	e-con	ASSISTANT MEDICAL EXAM	_								
EXAMINER'S CHETONO H Fembo	at M D			didd -	12 2 1 2 3						
NAME (Type) Gustave H. Faube		DEPUTY MEDICAL EXAMIN		3/38 7/	13/58						
220. BURIAL, CREMATION. 226. DATE THEREOF	22c. NAME OF CEMETERY OR		OCATION (City, lown,		(State)						
Burial July 17,1958	St. Adalbert	s Cemetery C	heelstow		w York						
H. SANDER & SONS, INC.	Baltimore, M	d. REC'D BY REG		STRAT'S SIGNAT	PRE						
221 02210		DATEJUL 1 6	'58   (11)	A O RALLE							

S CAN WALL TO MAKE TO THE STATE OF THE STATE and the latest terms of the second of the se 

# INSTRUCTIONS

the register within 72 hours after death After this in by the funeral director, the third copy of this scuted within 24 hours after death. ATTENDING PHYSICIAN CALIFORDIAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. TO ATTENDING PHYSICIAN O

VS A15C 1-55 10M.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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7612 CERTIFICATE	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ANNE ARUNDEL MARYLAND	STATE MARYLAND. COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL OR end give nearest fown) TOWN	CITY (If outside corporate limits, write RURAL and give nearest fown) OR TOWN R 120
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR 216 WERNER RD.	216 WEANER ROME
3. NAME OF (First) (Middle)	(Last) 4, DATE (Month) (Day) (Year)
(Type or Print) JOSEPH ZAM	OSTNY DEATH JULY 1 1958
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE O	F BIRTH 9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MALE WHITE (Specify) MARC	# 31, 1888 170 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
retired) CARFENTER MARITIRE COMMESEN	1/ 1- CAMASTATIAN AND A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN ZAMOSTNY	ANNA KULISHEK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or detes of service) 2/3 10 7664	4 FRANK ZAMOSTNY - SAME
18. MEDICAL CER	TIFICATION NTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
151 MIMMEDIATE CAUSE (A) HRE I INO M	MA STOMBER LYEAR
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	
19a, DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/17/58 RARCINOMA STOMAC	
216. ACCIDENT WAS UNDERLYING ☐ 216. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) [If EITHER, NOTIFY MEDICAL EXAMINER]	RIC. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED	211. HOW DID INJURY OCCUR?
M. at work Not while at work	
22. I hereby certify that I attended the deceased from A.	19 18 to Durit 1, 19 58, that I last saw the deceased
alive on 6/30 , 19.58 and that death occurred at	
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
I Brades Anula M.O.	YWIERD BEACH MO 7/1/58
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SECHO)	1/ // //
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE UN 2 '58 POR SAICH	ke Cours theres How
DATE JUL 2 50 Webellh	

CERTIFICATE OF DEATH